

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005917

FILED
Jan 19, 2008
Secretary of State

Entity Name: ISKCON YOUTH MINISTRY, INC.

Current Principal Place of Business:

11922 NW 147TH PL
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 283
ALACHUA, FL 326160283 US

New Mailing Address:

FEI Number: 36-4203779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASADER, EMANUEL
11922 NW 147TH PL
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: KASADER, EMANUEL
Address: 11922 NW 147TH PLACE
City-St-Zip: ALACHUA, FL 32615 US

Title: T,D () Delete
Name: KASADER, JAYA R
Address: 11922 NW 147TH PLACE
City-St-Zip: ALACHUA, FL 32615 US

Title: S,D () Delete
Name: RIVERA, KRISHNA P
Address: 14805 NW 145TH TERRACE
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL KASADER

P.D.

01/19/2008

Electronic Signature of Signing Officer or Director

Date