

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90059 045 \*\*\*\*61.25

**DOCUMENT # N01000006983**

1. Entity Name

ISKCON MISSION TO GUYANA OF FLORIDA INC.



Principal Place of Business

15509 N W 89TH STREET  
ALACHUA FL 32615

Mailing Address

15509 N W 89TH STREET  
ALACHUA FL 32615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3753084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CHARAN, RAMATEE  
15509 N W 89TH STREET  
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME MEIER, RANDALL  
STREET ADDRESS 17817 CR 239  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete  
NAME CHARAN, RICHARD H  
STREET ADDRESS 114-52 121ST STREET  
CITY-ST-ZIP SOUTH OZONE PARK NY 11420

TITLE ☐ Delete  
NAME CHARAN, RAMATEE  
STREET ADDRESS 15509 N W 89TH STREET  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete  
NAME JAGARNAUTH, BHARAT  
STREET ADDRESS 15509 N W 89TH STREET  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete  
NAME MINK, CARL S  
STREET ADDRESS 18805 N W 80TH TERRACE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04 386-462-5869