

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004590

FILED
Apr 29, 2004
Secretary of State**Entity Name:** SRI SRI RADHA SYAMASUNDARA NITYA SEVA FUND, INC.**Current Principal Place of Business:**C/O ISKCON OF ALACHUA ENDOWMENT
PO BOX 819
ALACHUA, FL 32616**New Principal Place of Business:****Current Mailing Address:**C/O ISKCON OF ALACHUA ENDOWMENT
PO BOX 819
ALACHUA, FL 32616**New Mailing Address:****FEI Number:** 01-0715414 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GLICK, NANDA
18127 NW 112TH BLVD
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:** T () Delete
Name: FORD, ALFRED
Address: P.O. BOX 609
City-St-Zip: ALACHUA, FL 32616**Title:** T () Delete
Name: DAY, ANDREW
Address: 17404 NW CR 239
City-St-Zip: ALACHUA, FL 32615**Title:** T () Delete
Name: TORGERSEN, JOHN
Address: PO BOX 75
City-St-Zip: LACROSSE, FL 326580075**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change () Addition
Name: CHAPAPRIETA, THOMAS
Address: 19121 NW CR 239
City-St-Zip: ALACHUA, FL 32615**Title:** T (X) Change () Addition
Name: SOLOMON, KENNETH
Address: 5614 W SR 235
City-St-Zip: LA CROSSE, FL 32658**Title:** T (X) Change () Addition
Name: TORGERSEN, JOHN
Address: PO BOX 75
City-St-Zip: LA CROSSE, FL 32658

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH SOLOMON

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04/29/2004

Electronic Signature of Signing Officer or Director

Date