

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004590

FILED
Jul 07, 2005
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLICK, NANDA
18127 NW 112TH BLVD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

ZALDIVAR, RAMON
18929 NW CR 239
ALACHUA, FL 32615 US

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: RAMON ZALDIVAR

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHAPAPRIETA, THOMAS
Address: 19121 NW CR 239
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: SOLOMON, KENNETH
Address: 5614 W SR 235
City-St-Zip: LA CROSSE, FL 32658

Title: T () Delete
Name: TORGERSEN, JOHN
Address: PO BOX 75
City-St-Zip: LA CROSSE, FL 32658

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 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: JOHN TORGERSEN

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07/07/2005

Electronic Signature of Signing Officer or Director

Date