

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # N03000008174

1. Entity Name

AMERICAN VAISHNAVA ASSOCIATION, INC.



Principal Place of Business

4923 NW 143RD ST  
GAINESVILLE, FL 32606

Mailing Address

P.O. BOX 337  
ORMOND BEACH, FL 32175-0337



04132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OGLE, WILLIAM H ESQ  
LAW OFFICES OF MAYFIELD & OGLE PA  
200 E GRANADA BLVD SUITE 206  
ORMOND BEACH, FL 32176

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME OGLE, WILLIAM HARRISON  
STREET ADDRESS P.O. BOX 337  
CITY-ST-ZIP ORMOND BEACH, FL 32175

TITLE D  
NAME ROBERTS, DAVID EARL  
STREET ADDRESS 4923 NW 143RD ST  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D  
NAME HOPKE, TOM BRYAN  
STREET ADDRESS P.O. BOX 362  
CITY-ST-ZIP ALACHUA, FL 32616

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000548874  
05/12/06-80081-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-06 356-677-0114