

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006605

FILED
Sep 03, 2008
Secretary of State

Entity Name: GAUDIYA KUTIR, INC

Current Principal Place of Business:

2069 DIVISION AVE.
BOISE, ID 83706 US

New Principal Place of Business:

Current Mailing Address:

2069 DIVISION AVE.
BOISE, ID 83706 US

New Mailing Address:

FEI Number: 20-3171660 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:

SUTHERLAND, BRET C
21511 NW 75TH STREET
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 () Delete
Name: LOPONEN, MARKUS O
Address: 2069 DIVISION AVE.
City-St-Zip: BOISE, ID 83706 US

Title: VP () Delete
Name: FISH, ROBERT J
Address: 3142 AUTUMN CHASE CIRCLE
City-St-Zip: STOCKTON, CA 95219 US

Title: S () Delete
Name: JOHNSON, DAVE
Address: 5 CLARK TERRACE
City-St-Zip: SPENCER, MA 01562 US

Title: T () Delete
Name: THOMAS, GARY L
Address: 2069 DIVISION AVE.
City-St-Zip: BOISE, ID 83706 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:

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: GARY L THOMAS

T

09/03/2008

Electronic Signature of Signing Officer or Director

Date