

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000009734**

1. Entity Name

CARE FOR COWS IN VRINDABAN, INC.



Principal Place of Business

18225 NORTHWEST COUNTY ROAD 239  
ALACHUA, FL 32615

Mailing Address

POST OFFICE BOX 1445  
ALACHUA, FL 32615



02052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

22-3942784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAKUPKO, DAVID V  
18225 NW COUNTY RD 239  
ALACHUA, FL 32615

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME JAKUPKO, DAVID V  
STREET ADDRESS 18225 NORTHWEST COUNTY ROAD 239  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE DV  
NAME ROBERTS, DAVID E  
STREET ADDRESS 4923 NW 142ND ST  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE DST  
NAME JAKUPKO, HELEN A  
STREET ADDRESS 18225 NORTHWEST COUNTY ROAD 239  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE D  
NAME FORD, ALFRED B  
STREET ADDRESS 8810 SW 31ST AVE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000819295  
02/15/08-80076-019 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Pres. 2/4/08 352-317-6850