

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011930

FILED
Mar 02, 2009
Secretary of State

Entity Name: BHAKTIVEDANTA GAUDIYA INSTITUTE, INC.

Current Principal Place of Business:

10308 NW 209 LANE
ALACHUA, FL 32615

New Principal Place of Business:

15281 NW HWY 441 SUITE 30A
ALACHUA, FL 32615

Current Mailing Address:

P.O. BOX 1530
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 26-1682967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKRIKGE, ERIC
10308 NW 209 LANE
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: D () Delete
Name: AKRIDGE, ERIC
Address: 10308 NW 209 LANE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: MACDOUGALL, JERRY
Address: 16721 NW 134TH DRIVE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: LINZING, LAURA
Address: 10209 NW 209 LANE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: JOHNSTON, EDMUND R
Address: P.O. BOX 1922
City-St-Zip: ALACHUA, FL 32616

Title: D () Delete
Name: SMITH, RONALD
Address: 13605 NW CR 235 #1502
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GLICK, MARCIA
Address: 13605 NW CR 235 #1204
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Change () Addition
Name: CHACON, DEYANIRA
Address: 13400 NW 146TH ST #2305
City-St-Zip: ALACHUA, FL 32615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIDSON, GARY
Address: PO BOX 2243
City-St-Zip: ALACHUA, FL 32616

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: EDMUND JOHNSTON

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date