

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011930

FILED
Apr 23, 2012
Secretary of State

Entity Name: BHAKTIVEDANTA GAUDIYA INSTITUTE, INC.

Current Principal Place of Business:

15281 NW HWY 441 SUITE 30A
ALACHUA, FL 32615

New Principal Place of Business:

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:

DAVIDSON, GARY
17909 NW CR 239
ALACHUA, FL 32616 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
Name: AKRIDGE, ERIC
Address: 10308 NW 209 LANE
City-St-Zip: ALACHUA, FL 32615

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

Title: D
Name: DAVIDSON, GARY
Address: P.O. BOX 2243
City-St-Zip: ALACHUA, FL 32615

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

Title: D
Name: SELVESTER, NARASIMHA
Address: 21651 NW CR 1493
City-St-Zip: LA CROSSE, FL 32658

Title: D
Name: GARRETT, MENADEVI
Address: 7522 NW CR 236
City-St-Zip: ALACHUA, FL 32615

I hereby 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 all other like empowered.

SIGNATURE: GARY DAVIDSON

D

04/23/2012

Electronic Signature of Signing Officer or Director

Date