

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011549

FILED
Apr 16, 2009
Secretary of State

Entity Name: BHAKTIVEDANTA ACADEMY OF NORTH AMERICA, INC.

Current Principal Place of Business:

17414 NW 112TH BLVD
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

17414 NW 112TH BLVD
ALACHUA, FL 32615

New Mailing Address:

PO BOX 937
ALACHUA, FL 32616

FEI Number: 26-3965713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUILERA, DAVID
17414 NW 112TH BLVD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

AGUILERA, DAVID
10103 NW 209TH LANE
ALACHUA, FL 32615 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POURCHOT, THOMAS
Address: 636 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: LESLIE, JONATHAN
Address: 13542 NW 137TH PALCE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: BRIANT, WILLIAM
Address: 14329 NW 186TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: TASSINARE, MIRIAM
Address: 14405 NW 146TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: ALLIN, SAJJAN
Address: 12605 NW 76RD TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/P (X) Change () Addition
Name: LESLIE, JONATHAN
Address: 13542 NW 137TH PALCE
City-St-Zip: ALACHUA, FL 32615

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

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

Title: D/V/P (X) Change () Addition
Name: ALLIN, SAJJAN
Address: 12605 NW 76RD TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: T () Change (X) Addition
Name: AGUILERA, DAVID
Address: 10103 NW 209TH LANE
City-St-Zip: ALACHUA, FL 32615

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: DAVID AGUILERA

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date