FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN -6 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12942 (1)

1. Corporation Name

ISKCON OF ALACHUA COUNTY, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 24 P.O. BOX 819 ALACHUA FL 32615	RT 2 BOX 24 P.O. BOX 819 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1986
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2710464 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOY, JEFFREY T.
RT. 2 BOX 24
ALACHUA FL 32615

10. Name and Address of New Registered Agent

31 Name: KEITH CONSBRUCK
32 Street Address (P.O. Box Number is Not Acceptable): RT 2 Box 24
33
34 City: ALACHUA FL 35 Zip Code: 32615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Keith Consbruck 5-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	COHEN, ROBERT S.	1.2 NAME	MICHAEL MAGER	
STREET ADDRESS	RT 2 BOX 24	1.3 STREET ADDRESS	RT 2 Box 24	
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DP	2.1 TITLE	D	☑ Change ☐ Addition
NAME	MOY, JEFFREY T.	2.2 NAME	LINDA HICKEY	
STREET ADDRESS	RT 2 BOX 24	2.3 STREET ADDRESS	RT 2 Box 24	
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		3.1 TITLE	DS	☐ Change ☑ Addition
NAME		3.2 NAME	CARL WOODHAM	
STREET ADDRESS		3.3 STREET ADDRESS	RT 2 Box 24	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE		4.1 TITLE	D	☐ Change ☑ Addition
NAME		4.2 NAME	RAMON ZALDIVAR	
STREET ADDRESS		4.3 STREET ADDRESS	RT 2 Box 24	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X [signature] 5/25/95 904-462-2017
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #