

FILED

Apr 03 1997 8:00am

Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12942 (1)

1. Corporation Name

ISKCON OF ALACHUA COUNTY, INC.

Principal Place of Business
RT 2 BOX 24
P.O. BOX 819
ALACHUA FL 32615
Mailing Address
RT 2 BOX 24
P.O. BOX 819
ALACHUA FL 32615-9803

3. Date Incorporated or Qualified 01/09/1986 3a. Date of Last Report 09/23/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 2a. Mailing Address 26 P.O. Box 819 27 Suite, Apt. #, etc. 28 ALACHUA FL 29 32615 30 Country

4. FEI Number 59-2710464 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONSRUCK, KEITH
RT. 2 BOX 24
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GLICK, NANCY	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEILAND, SUSAN	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KNIGHTEN, TIM	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZALDIVAR, RAMON	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, KENNETH	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, DAVID	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN HGINTZ
2.3 STREET ADDRESS	RT 2 BOX 24
2.4 CITY-ST-ZIP	ALACHUA FL 32615
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLES HENDERSON
5.3 STREET ADDRESS	RT 2 BOX 24
5.4 CITY-ST-ZIP	ALACHUA FL 32615
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/97

Daytime Phone #0011392

CR2E037 (9/96)

ISKCON OF ALACHUA COUNTY, INC.
DOCUMENT # N12942
NONPROFIT CORPORATION ANNUAL REPORT
1997

BLOCK 13 (CONTINUED)

CHANGE

7.1 TITLE	T
7.2 NAME	CARL MINK
7.3 STREET ADDRESS	RT 2, BOX 24
7.4 CITY-ST-ZIP	ALACHUA, FL 32615

ADDITION

8.1 TITLE	D
8.2 NAME	DANIEL MILLER
8.3 STREET ADDRESS	RT 2, BOX 24
8.4 CITY-ST-ZIP	ALACHUA, FL 32615