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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 819 P.O. BOX 819 ALACHUA FL 32615 US
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3. Date Incorporated or Qualified 01/09/1986	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 59-2710464	Not Applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 17306 NW 112 Blvd Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27
City & State 23 Alachua FL	City & State 28
Zip 24 32615	Country 25 USA
Zip 29 32616	Country 30

5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Miller, Daniel	85 Zip Code 32615
82 Street Address (P.O. Box Number is Not Acceptable) 17306 NW 112 Blvd	
83	
84 City Alachua	85 State FL

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 *Daniel Miller* DATE **3/3/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME GLICK, NANCY	1.1 TITLE	
STREET ADDRESS RT 2 BOX 24	CITY-ST-ZIP ALACHUA FL 32615	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME HEINTZ, JOHN	2.1 TITLE	
STREET ADDRESS RT 2 BOX 24	CITY-ST-ZIP ALACHUA FL	2.2 NAME	
		2.3 STREET ADDRESS 17306 NW 112 Blvd	
		2.4 CITY-ST-ZIP Alachua, FL 32615	
TITLE DS	NAME KNIGHTEN, TIM	3.1 TITLE	
STREET ADDRESS RT 2 BOX 24	CITY-ST-ZIP ALACHUA FL 32615	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE D	NAME ZALDIVAR, RAMON	4.1 TITLE	
STREET ADDRESS RT 2 BOX 24	CITY-ST-ZIP ALACHUA FL 32615	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME HENDERSON, CHARLES	5.1 TITLE	
STREET ADDRESS RT 2 BOX 24	CITY-ST-ZIP ALACHUA FL	5.2 NAME	
		5.3 STREET ADDRESS Torgersen, John Stephen	
		5.4 CITY-ST-ZIP 17306 NW 112 Blvd	
TITLE D	NAME WOLF, DAVID	6.1 TITLE	
STREET ADDRESS RT 2 BOX 24	CITY-ST-ZIP ALACHUA FL 32615	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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: *Daniel Miller* **Daniel Miller** **3/3/98** **(904)462-2017**

CR2E037 (10/97)