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03-31-1999 90030 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12942

1. Corporation Name
ISKCON OF ALACHUA COUNTY, INC.

Principal Place of Business 17306 NW 112 BLVD P.O. BOX 819 ALACHUA FL 32615 US	Mailing Address PO BOX 819 P.O. BOX 819 ALACHUA FL 32616 US
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2. Principal Place of Business 21 17306 NW 112 Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 819 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/09/1986
22 P.O. Box 819 City & State	27 P.O. Box 819 City & State	4. FEI Number 59-27-10464 Applied For <input type="checkbox"/> Not Applicable
23 Alachua FL Zip Country	28 Alachua, FL Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32615 25 USA	29 32616 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, DANIEL
17306 NW 112 BLVD
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 Daniel Miller DATE 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/>
NAME	GLICK, NANCY	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ELY, JON	
STREET ADDRESS	17306 NW 112 BLVD	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DS	<input checked="" type="checkbox"/>
NAME	KNIGHTEN, TIM	
STREET ADDRESS	RT 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/>
NAME	MILLER, DANIEL	
STREET ADDRESS	17306 NW 112 BLVD	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/>
NAME	TORGENSEN, JOHN STEPHEN	
STREET ADDRESS	17306 NW 112 BLVD	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/>
NAME	WOLF, DAVID	
STREET ADDRESS	RT. 2 BOX 24	
CITY-ST-ZIP	ALACHUA FL 32615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Glick, Nancy		
1.3 STREET ADDRESS	18127 NW 112 Blvd		
1.4 CITY-ST-ZIP	Alachua, FL 32615		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Hickey, Linda		
2.3 STREET ADDRESS	18925 CR 239		
2.4 CITY-ST-ZIP	Alachua, FL 32615		
3.1 TITLE	C/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Woodham, Carl		
3.3 STREET ADDRESS	14005 NW 49th Ave		
3.4 CITY-ST-ZIP	Gainesville, FL 32606		
4.1 TITLE	V/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Miller, Daniel		
4.3 STREET ADDRESS	17306 NW 112 Blvd		
4.4 CITY-ST-ZIP	Alachua, FL 32615		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Zampos, Rafael		
5.3 STREET ADDRESS	17306 NW 112 Blvd		
5.4 CITY-ST-ZIP	Alachua, FL 32615		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Combis, Norman		
6.3 STREET ADDRESS	15411 NW 89th St.		
6.4 CITY-ST-ZIP	Alachua, FL 32615		

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, with all other like empowered.

SIGNATURE: Daniel Miller DATE 3/31/99 DAYTIME PHONE # (904)462-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)