2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N12942

Entity Name: ISKCON OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

17306 NW 112 BLVD.
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 819
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-2710464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLICK, NANDA
18127 NW 112 BLVD.
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GLICK, NANDA	
Address:	18127 NW 112 BLVD	
City-St-Zip:	ALACHUA, FL 32615	
Title:	CD	( ) Delete
Name:	SPELLMAN, SETH	
Address:	15206 NW 89TH STREET	
City-St-Zip:	ALACHUA, FL 32615 US	
Title:	D	( ) Delete
Name:	TEWKSBURY, CAROL	
Address:	14217 NW 147TH AVE.	
City-St-Zip:	ALACHUA, FL 32615	
Title:	D	( ) Delete
Name:	SHERWOOD, KARMA YOGA	
Address:	18925 CR 239	
City-St-Zip:	ALACHUA, FL 32615	
Title:	SD	( ) Delete
Name:	WOODHAM, CARL	
Address:	17306 NW 112 BLVD	
City-St-Zip:	ALACHUA, FL 32615 US	
Title:	D	( ) Delete
Name:	HICKEY, LINDA	
Address:	18925 CR 239	
City-St-Zip:	ALACHUA, FL 32615 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	TEWKSBURY, CAROL	
Address:	17340 NW 112TH BLVD	
City-St-Zip:	ALACHUA, FL 32615	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANDA GLICK P 04/15/2004

Electronic Signature of Signing Officer or Director — Date