

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12942

FILED
Jul 07, 2005
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZALDIVAR, RAMON
18929 NW CR 239
ALACHUA, FL 32615 US

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: RAMON ZALDIVAR

07/07/2005

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: 17340 NW 112TH BLVD
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: P (X) Change () Addition
Name: ZALDIVAR, RAMON
Address: 18929 NW CR 239
City-St-Zip: ALACHUA, FL 32615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZALDIVAR, RAGUNATH
Address: 12204 NW 140TH STREET
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: RAMON ZALDIVAR

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date