

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12942

FILED
May 26, 2008
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:

REWAH, KUMAR
17306 NW 112 BLVD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

HENDERSON, CHARLES
17306 NW 112 BLVD
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: CHARLES HENDERSON

05/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REWAH, KUMAR
Address: 17302 NW 112TH 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: KITSIKIS, NICOLAS
Address: P O BOX 1803
City-St-Zip: ALACHUA, FL 32616 US

Title: D () Delete
Name: WIELAND, SUSAN
Address: PO BOX 2038
City-St-Zip: ALACHUA, FL 32616 US

Title: D () Delete
Name: FITCH, MRKANDA
Address: 13605 NW CR 235 #104
City-St-Zip: ALACHUA, FL 32615 US

Title: D () Delete
Name: POURCHOT, THOMAS
Address: 7488 NW 121ST AVE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: REWAH, KUMAR
Address: 17302 NW 112TH BLVD
City-St-Zip: ALACHUA, FL 32615

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

Title: D (X) Change () Addition
Name: TASSINARE, MIRIAM
Address: 14405 NW 146 AV
City-St-Zip: ALACHUA, FL 32615 US

Title: D (X) Change () Addition
Name: LARSON, HAYDEN
Address: PO BOX 276
City-St-Zip: LACROSSE, FL 32658 US

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 exemption stated in Chapter 119, 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: CHARLES HENDERSON

PRES

05/26/2008

Electronic Signature of Signing Officer or Director

Date