2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Apr 27, 2009 Secretary of State DOCUMENT# N12942

Entity Name: ISKCON OF ALACHUA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

17306 NW 112 BLVD. US ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

17306 NW 112 BLVD ALACHUA, FL 32615 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEIER, RANDALL T VP-CFO 17306 NW 112 BLVD ALACHUA, FL 32615 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

REWAH, KUMAR Name: Name: 17302 NW 112TH BLVD Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SINGH, ARVIND K MD Name: MONTEROSA, ERNEST Name: Address: 6310 NW 81ST DR Address: 13580 NW 136TH DRIVE City-St-Zip: GAINESVILLE, FL 32653 US City-St-Zip: ALACHUA, FL 32615 US

Title: **PRES** () Delete Title: () Change () Addition

TASSINARE, MIRIAM Name: Name: Address: 14405 NW 146 AV Address: City-St-Zip: ALACHUA, FL 32615 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LARSON, HAYDEN POURCHOT, THOMAS Name: Name: 7488 NW 121ST AVE Address: PO BOX 276 Address: LACROSSE, FL 32658 US City-St-Zip: City-St-Zip: ALACHUA, FL 32615 US

Title: () Delete Title: () Change () Addition

BURNSIDE, ROBERT Name: Name: 15914 NW 120TH PL Address: Address: City-St-Zip: ALACHUA, FL 32615 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

POURCHOT, THOMAS MEIER. RANDALL T Name: Name: Address: 7488 NW 121ST AVE Address: 17817 NW COUNTY RD 239 ALACHUA, FL 32615 US ALACHUA, FL 32615 City-St-Zip: 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: RANDALL T MEIER VP 04/27/2009