2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N35683

Entity Name: INSTITUTE FOR GAUDIYA VAISHNAVISM INC.

Current Principal Place of Business:

934 N UNIVERSITY DR
102
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

934 N UNIVERSITY DR
SUITE 102
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0162044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEIN, RANDY I
1241 NW 89TH DR
CORAL SPRINGS, FL 33071 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:	DCP	( ) Delete
Name:	STEIN, RANDY I	
Address:	1241 NW 89TH DR	
City-St-Zip:	CORAL SPRINGS, FL	
Title:	DT	( ) Delete
Name:	LEWIS, RICHARD	
Address:	8529 NW 21ST MANOR	
City-St-Zip:	CORAL SPRINGS, FL	
Title:	DV	( ) Delete
Name:	PRINCETON, WILLIAM	
Address:	6793 W. NEWBERRY RD #251	
City-St-Zip:	GAINESVILLE, FL	
Title:	N/A	( ) Delete
Name:	N/A, N/A	
Address:	N/A	
City-St-Zip:	N/A, NA N/A NA	
Title:	N/A	( ) Delete
Name:	N/A, N/A	
Address:	N/A	
City-St-Zip:	N/A, NA N/A NA	
Title:	D	( ) Delete
Name:	STEIN, MAHASIMHA R	
Address:	1241 NW 89TH DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071 FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RANDY I. STEIN DCP 01/24/2005
Electronic Signature of Signing Officer or Director Date