

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35683

FILED  
Feb 18, 2010  
Secretary of State

**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 ( )**

**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  
Name: STEIN, RANDY I  
Address: 1241 NW 89TH DR  
City-St-Zip: CORAL SPRINGS, FL

Title: DT  
Name: LEWIS, RICHARD  
Address: 8529 NW 21ST MANOR  
City-St-Zip: CORAL SPRINGS, FL

Title: DV  
Name: PRINCETON, WILLIAM  
Address: 1241 NW 89TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: N/A  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, NA N/A NA

Title: N/A  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, NA N/A NA

Title: D  
Name: STEIN, MAHASIMHA R  
Address: 1241 NW 89TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071 FL

I hereby 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 all other like empowered.

SIGNATURE: RANDY I. STEIN

DR

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date