

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40441

FILED
Apr 19, 2005
Secretary of State

Entity Name: ISKCON KRISHNAFEST, INC.

Current Principal Place of Business:

5201 PASEO
KANSAS CITY, MO 64110 US

New Principal Place of Business:

Current Mailing Address:

5201 PASEO
KANSAS CITY, MO 64110 US

New Mailing Address:

FEI Number: 59-3036972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJAY GAJAR
301 SUNNYSIDE RD.
TEMPLE TERRACE, FL 33617 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: DC () Delete
Name: HOLTZMAN, DANE
Address: 5201 PASEO
City-St-Zip: KANSAS CITY, MO 64110

Title: DVC () Delete
Name: JEPSEN, JOHN
Address: 5201 PASEO
City-St-Zip: KANSAS CITY, MO 64110

Title: D () Delete
Name: RUDICK, JEFFREY
Address: 5201 PASEO
City-St-Zip: KANSAS CITY, MO 64110

Title: D () Delete
Name: MOLLOV, KLIMENT
Address: 5201 PASEO
City-St-Zip: KANSAS CITY, MO 64110

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: D (X) Change () Addition
Name: HAVRANEK, MICHAL
Address: 5201 PASEO
City-St-Zip: KANSAS CITY, MO 64110

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: HAVRANEK, MICHAL

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date