2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# N44375

Entity Name: KRISHNA COMMUNITY FUND, INC.

Current Principal Place of Business:

17818 NW 112TH BLVD
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2036
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3079064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNETH SOLOMON
5614 W. STATE ROAD 235
LACROSSE, FL 32658 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: VD ( ) Delete
Name: CURTIS, RON
Address: P.O. BOX 232 NA
City-St-Zip: LACROSSE, FL

Title: TD ( ) Delete
Name: SOLOMON, KENNETH
Address: 5614 W SR 235
City-St-Zip: LACROSSE, FL 32658

Title: D ( ) Delete
Name: TORGERSEN, STEVE
Address: 6120 W SR 235
City-St-Zip: LACROSSE, FL 32658

Title: SD ( ) Delete
Name: ZALDIVAR, RAMON
Address: 18929 CR 239
City-St-Zip: ALACHUA, FL 32615

Title: PD ( ) Delete
Name: JAKUPKO, DAVID
Address: P.O. BOX 1445 NA
City-St-Zip: ALACHUA, 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:

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: KENNETH SOLOMON TD 04/23/2005

Electronic Signature of Signing Officer or Director — Date