


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90207 001 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N92000000619</b><br>1. Entity Name<br><b>MAYAPUR VRINDAVAN WORSHIP FUND, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>50891-A HOGBACK RD.<br/>BADGER CA 93603<br/>US</b>   |   |  | Mailing Address<br><b>P.O. BOX 177<br/>BADGER CA 93603<br/>US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |  |  |
| City & State   |   | City & State   |   |  |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>65-0374693</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPELLMAN, SETH<br/>15206 NW 89 ST.<br/>ALACHUA FL 32615</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make Check Payable to Florida Department of State</b>   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | DS<br>TAYLOR, ALISTER<br>50891A HOGBACK RD<br>BADGER CA 93603     | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | T. Dennis Harrison<br>31 Lake Ave<br>Kolkata 700 026 India                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>SIMS, JOHN<br>236 WILDROAD LANE<br>BOULDER CO 80304          | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>GOSWAMI, GOPAL K<br>HARE KRISHNA LAND<br>Juhu BOMBAY IN      | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>SWAMI, JAYAPATAKA<br>1287 PONCE DE LEON AVE NE<br>ATLANTA GA | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>SPELLMAN, SETH<br>15206 NW 89 ST<br>ALACHUA FL 32615         | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |  |  |
| <b>SIGNATURE:</b> _____ <i>Alister Taylor</i> <b>4/5/07 858-274-5045</b>   |   |  |   |  |  |