

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000619

FILED
Jun 23, 2009
Secretary of State

Entity Name: MAYAPUR VRINDAVAN WORSHIP FUND, INC.

Current Principal Place of Business:

50891-A HOGBACK RD.
BADGER, CA 93603 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 177
BADGER, CA 93603 US

New Mailing Address:

FEI Number: 65-0374693 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPELLMAN, SETH
15206 NW 89 ST.
ALACHUA, FL 32615 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: DS () Delete
Name: TAYLOR, ALISTER
Address: 50891A HOGBACK RD
City-St-Zip: BADGER, CA 93603

Title: D () Delete
Name: SIMS, JOHN
Address: 236 WILDROAD LANE
City-St-Zip: BOULDER, CO 80304

Title: D () Delete
Name: GOSWAMI, GOPAL K
Address: HARE KRISHNA LAND
City-St-Zip: JUHU BOMBAY, IN

Title: D () Delete
Name: SWAMI, JAYAPATAKA
Address: 1287 PONCE DE LEON AVE NE
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: SPELLMAN, SETH
Address: 15206 NW 89 ST
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: HARRISON, DENNIS
Address: 31 LAKE AVE
City-St-Zip: KULKATA, INDIA, 700 026

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
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Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: ALISTER TAYLOR

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date