

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000093

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: MAHARISHI VEDIC UNIVERSITY, INC. (FLORIDA)

## Current Principal Place of Business:

1125 SW 2ND AVE  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

## Current Mailing Address:

P.O> BOX 670  
FAIRFIELD, IA 52556 US

## New Mailing Address:

P.O. BOX 670  
FAIRFIELD, IA 52556 US

FEI Number: 65-0409623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMON, RODRIGUEZ  
1609 S.LAKE LOTELA DR.  
AVON PARK, FL 33825 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: P/D ( ) Delete  
Name: MORRIS, BEVAN DR  
Address: 1900 CAPITAL BLVD  
City-St-Zip: FAIRFIELD, IA 52556 US

Title: S ( ) Delete  
Name: POTTER, PAUL  
Address: 679 GEORGE HILL RD  
City-St-Zip: LANCASTER, MA 01523 US

Title: T/D ( ) Delete  
Name: FELDMAN, BENJAMIN  
Address: 639 WHISPERING HILLS RD  
City-St-Zip: BOONE, NC 28607 US

Title: D ( ) Delete  
Name: VERRILL, DAVID  
Address: DB-1113, 1000 N. 4TH ST.  
City-St-Zip: FAIRFIELD, IA 525571113

Title: D ( ) Delete  
Name: WALLACE, ROBERT K  
Address: 1900 CAPITAL BLVD  
City-St-Zip: VEDIC CITY, IA 52556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BEACH, PETER  
Address: 911 ALTURAS WAY  
City-St-Zip: MILL VALLEY, CA 94941 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VERRILL, DAVID  
Address: 1010 GUILD DRIVE  
City-St-Zip: FAIRFIELD, IA 52556

Title: D (X) Change ( ) Addition  
Name: WALLACE, ROBERT K  
Address: 1000 N. 4TH STREET  
City-St-Zip: FAIRFIELD, IA 52556

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: NORIN ISQUITH

CONT

04/25/2005

Electronic Signature of Signing Officer or Director

Date