

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001688 (1)

1. Corporation Name

ISKCON FOUNDATION, INC.

Principal Place of Business

Mailing Address

18107 N.W. COUNTY ROAD 239
ALACHUA FL 32615

P.O. BOX 1119
ALACHUA FL 32615-1119



3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHURANA, NAVEEN
18107 N.W. COUNTY ROAD 239
ALACHUA FL 32615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Naveen Khurana

NAVEEN KHURANA

1/14/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **FORD, ALFRED**
STREET ADDRESS **3171 VIA ABITARE**
CITY- ST- ZIP **MIAMI FL 33133**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **COMTOIS, LORI**
STREET ADDRESS **RT 3 BOX 55A**
CITY- ST- ZIP **ALACHUA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **DOBSON, DAVID**
STREET ADDRESS **425 GREENWOOD AVE**
CITY- ST- ZIP **WYNCOTE PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **KHURANA, NAVEEN**
STREET ADDRESS **18107 NW CR. 239**
CITY- ST- ZIP **ALACHUA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **AGRAWAL, SHEKHAR**
STREET ADDRESS **1919 NOTTINGHAM CL**
CITY- ST- ZIP **FULLERTON CA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **OGLE, WILLIAM**
STREET ADDRESS **P O BOX 658 N/A**
CITY- ST- ZIP **ALACHUA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Naveen Khurana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96

Date

904.4622310

Daytime Phone #

CR2E037 (12/95)