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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32615P.O. BOX 1119
ALACHUA FL 32616-11193. Date Incorporated or Qualified
04/14/19933a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3197332Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

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 33133TITLE D ☒ DELETE
NAME COMTOIS, LORI
STREET ADDRESS RT 3 BOX 55A
CITY-ST-ZIP ALACHUA FLTITLE D ☐ DELETE
NAME DOBSON, DAVID
STREET ADDRESS 425 GREENWOOD AVE
CITY-ST-ZIP WYNCOTE PATITLE D ☐ DELETE
NAME KHURANA, NAVEEN
STREET ADDRESS 18107 NW CR. 239
CITY-ST-ZIP ALACHUA FLTITLE D ☒ DELETE
NAME AGRAWAL, SHEKHAR
STREET ADDRESS 1919 NOTTINGHAM CL
CITY-ST-ZIP FULLERTON CATITLE D ☒ DELETE
NAME OGLE, WILLIAM
STREET ADDRESS P O BOX 658 N/A
CITY-ST-ZIP ALACHUA FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11317 N.W. 199th Ave.
1.4 CITY-ST-ZIP ALACHUA, FL 326152.1 TITLE ☐ Change ☒ Addition
2.2 NAME GRANDGENT, CHARLES
2.3 STREET ADDRESS 4 Second St.
2.4 CITY-ST-ZIP MAYNARD, MA 017543.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME GEER, CHARLES
5.3 STREET ADDRESS 3760 MOTOR AVE. #315
5.4 CITY-ST-ZIP LOS ANGELES, CA 900346.1 TITLE ☐ Change ☒ Addition
6.2 NAME GEOFFREY WALKER
6.3 STREET ADDRESS 9800 K Cable Ridge Ter.
6.4 CITY-ST-ZIP ROCKVILLE, MD 20854

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/6/97 (904)46-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011437

CR2E037 (9/96)