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FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001688 (1)**

1. Corporation Name

**ISKCON FOUNDATION, INC.**

Principal Place of Business

**18107 N.W. COUNTY ROAD 239  
ALACHUA FL 32615**

Mailing Address

**P.O. BOX 1119  
ALACHUA FL 32615-1119**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**04/14/1993**

4. FEI Number

**59-3197332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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

TITLE **D** ☐ DELETE  
NAME **FORD, ALFRED**  
STREET ADDRESS **1137 NW 199TH AVE**  
CITY-ST-ZIP **ALACHUA FL**

TITLE **D** ☐ DELETE  
NAME **GRANDGENT, CHARLES**  
STREET ADDRESS **4 SECOND ST**  
CITY-ST-ZIP **MAYNARD FL**

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

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

TITLE **D** ☐ DELETE  
NAME **GEER, CHARLES**  
STREET ADDRESS **3760 MOTOR AVE #315**  
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **D** ☐ DELETE  
NAME **WALKER, GOEFFRE**  
STREET ADDRESS **9800 GABBLE RIDGE TERR**  
CITY-ST-ZIP **ROCKVILLE MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **WALKER, GEOFFREY**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 1/30/98 (90A462-12/0**

CR2E037 (1097)