

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000092

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ISKCON OF TALLAHASSEE, INC.

## Current Principal Place of Business:

1323 NYLIC STREET  
TALLAHASSEE, FL 32304

## New Principal Place of Business:

## Current Mailing Address:

1323 NYLIC STREET  
TALLAHASSEE, FL 32304

## New Mailing Address:

1323 NYLIC ST  
TALLAHASSEE, FL 32304

FEI Number: 59-3449571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, DAVID K  
1323 NYLIC ST.  
TALLAHASSEE, FL 32304 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: PD ( ) Delete  
Name: WALKER, DAVID K  
Address: 1323 NYLIC STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD ( ) Delete  
Name: MOLNER, KIM  
Address: 1804 SW 131ST ST  
City-St-Zip: GAINESVILLE, FL 32669

Title: D ( ) Delete  
Name: BENSON, DEBBIE J  
Address: 1409 GREEN ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: POURCHOT, THOMAS  
Address: 636 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Change ( ) Addition  
Name: MEIER, RANDALL  
Address: PO BOX 1987  
City-St-Zip: ALACHUA, FL 32316

Title: D ( ) Change (X) Addition  
Name: SUBRAMANIAM, VIJAYA  
Address: 8433 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Change (X) Addition  
Name: SUBRAMANIAM, ASHWANI  
Address: 8433 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

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: DAVID K. WALKER

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date