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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001996 (5)**

1. Corporation Name

ISKCON SOUTH FLORIDA INC.

Principal Place of Business

Mailing Address

**3220 VIRGINIA STREET
MIAMI FL 33133**

**3220 VIRGINIA STREET
MIAMI FL 33133-5218**



3. Date Incorporated or Qualified
04/08/1996

3a. Date of Last Report

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 Zip Country

29 Zip Country

4. FEI Number
65-0668476

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

8. 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

**BRADMAN, HEYWARD A ESQ
757 N.W. 27TH AVENUE
THIRD FLOOR
MIAMI FL 33125**

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 **GLICK, BILL**
STREET ADDRESS **3220 VIRGINIA STREET**
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 **KADALA, LALITA**
STREET ADDRESS **3220 VIRGINIA STREET**
CITY-ST-ZIP **MIAMI FL 33133**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Dr. Deenbandhu Chokshi**
2.3 STREET ADDRESS **3220 Virginia St.**
2.4 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ DELETE
NAME **NOA, RALPH** *NOA, RALPH*
STREET ADDRESS **3220 VIRGINIA STREET**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **D** ☒ DELETE
NAME **ALVARADO, JOSE**
STREET ADDRESS **3220 VIRGINIA STREET**
CITY-ST-ZIP **MIAMI FL 33133**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Martha Tavis**
4.3 STREET ADDRESS **3220 Virginia St.**
4.4 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ DELETE
NAME **SCHURGER, NANCY**
STREET ADDRESS **3220 VIRGINIA STREET**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **D** ☐ DELETE
NAME **BEAL, JEFFREY**
STREET ADDRESS **3220 VIRGINIA STREET**
CITY-ST-ZIP **MIAMI FL 33133**

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 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.

CR2E037 (9/96)