

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001996

FILED
Apr 29, 2005
Secretary of State

Entity Name: ISKCON SOUTH FLORIDA INC.

Current Principal Place of Business:

3220 VIRGINIA STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3220 VIRGINIA STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0668476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADMAN, HEYWARD A ESQ
10821 SW 171ST STREET
MIAMI, FL 33157 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: D () Delete
Name: SCHREIER, NANCY
Address: 3220 VIRGINIA STREET
City-St-Zip: MIAMI, FL 33133

Title: PD () Delete
Name: HAYES, DOUGLAS
Address: 3220 VIRGINIA STREET
City-St-Zip: MIAMI, FL 33133

Title: VTD () Delete
Name: TANIS, MARTHA
Address: 3220 VIRGINIA ST
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SOROLOF, STEVE
Address: 3220 VIRGINIA ST.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: PRASAO, KATTY R
Address: 3220 VIRGINIA ST.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHREIER, NANCY MS.
Address: PO BOX 880
City-St-Zip: ALACHUA, FL 32616

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

Title: VTD (X) Change () Addition
Name: TANIS, MARTHA MRS.
Address: 3220 VIRGINIA ST
City-St-Zip: MIAMI, FL 33133

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

Title: D (X) Change () Addition
Name: PRASAD, KUTTY R
Address: 3220 VIRGINIA ST.
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY SCHREIER

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date