

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 023 ****61.25

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1. Entity Name

ISKCON SOUTH FLORIDA INC.



Principal Place of Business

3220 VIRGINIA STREET
MIAMI FL 33133

Mailing Address

3220 VIRGINIA STREET
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0668476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADMAN, HEYWARD A ESQ
10821 SW 171ST STREET
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHREIER, NANCY MS.
STREET ADDRESS PO BOX 880
CITY-ST-ZIP ALACHUA FL 32616

TITLE PD ☐ Delete
NAME HAYES, DOUGLAS
STREET ADDRESS 3220 VIRGINIA STREET
CITY-ST-ZIP MIAMI FL 33133

TITLE VTD ☐ Delete
NAME TANIS, MARTHA MRS.
STREET ADDRESS 3220 VIRGINIA ST
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ Delete
NAME SOROLOF, STEVE
STREET ADDRESS 3220 VIRGINIA ST.
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☒ Delete
NAME PRASAD, KUTTY R
STREET ADDRESS 3220 VIRGINIA ST.
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Schreier NANCY SCHREIER 3/20/06 305 446-1206