

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90066 046 \*\*\*\*70.00

DOCUMENT # N96000003909

1. Corporation Name

CHILDREN OF KRISHNA, INC.

Principal Place of Business

15914 NW 120TH PL  
ALACHUA FL 32615

Mailing Address

P.O. BOX 2458  
ALACHUA FL 32616



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

59-3401602

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

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

*Jennifer Haggard*

Jennifer Haggard, Managing Director 4-26-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WALKER, GEOFFREY  
STREET ADDRESS 1206 TREASURE OAK CT  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE ☐ DELETE

NAME DOMINGO, KEITH R  
STREET ADDRESS 14120 MLK BLVD.  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ DELETE

NAME HAGGARD, JENNIFER  
STREET ADDRESS 15914 NW 120TH PL  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ DELETE

NAME WOLF, DAVID  
STREET ADDRESS 17303 NW 112TH BLVD  
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ DELETE

NAME KASER, EMANUEL  
STREET ADDRESS 425 LEONARD AVE  
CITY-ST-ZIP DEKALB IL 60115

TITLE ☐ DELETE

NAME MCKEE, MICHAEL  
STREET ADDRESS 529 HILLSBOROUGH ST.  
CITY-ST-ZIP CHAPEL HILL NC 27515-9360

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jennifer Haggard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

904-462-1081

Daytime Phone #

CR2E037 (11/98)