2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003909

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FILED Apr 14, 2005 Secretary of State

Entity Name: CHILDREN OF KRISHNA, INC. **Current Principal Place of Business: New Principal Place of Business:** 9121 NW 219TH PLACE ALACHUA, FL 32615 **Current Mailing Address: New Mailing Address:** P.O. BOX 2458 ALACHUA, FL 32616 FEI Number: 59-3401602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANKLIN, PALIKA 9121 NW 219 PLACE ALACHUA, FL 32615 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALKER, GEOFFREY Name: Name: 1206 TREASURE OAK CT Address: Address: City-St-Zip: ROCKVILLE, MD 20852 City-St-Zip: Title: () Delete Title: (X) Change () Addition HAGGARD, JENNIFER Name: Name: FRANKLIN, PALIKA Address: 15914 NW 120TH PL Address: 9121 NW 219 PLACE City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615 Title: () Delete Title: () Change () Addition KASEDER, JAYA R Name: Name: Address: 17818 NW 112TH BLVD. Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FITCH, RADHIKA Name: 4800 LAGUNA ST Address: Address: City-St-Zip: COLLEGE PARK, MD 26740 City-St-Zip: Title: () Delete Title: (X) Change () Addition ATTAR, TOM POURCHOT, MIREYA Name: Name: P.O. BOX 33636 632 GLIDDEN AVENUE Address: Address: WASHINGTON, DC 200330636 City-St-Zip: City-St-Zip: DEKALB, IL 60115 Title: () Delete Title: () Change () Addition WAHLSTROM, TODD Name: Name: Address: 8070 S. NEWCASTLE CT Address:

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.

City-St-Zip:

SIGNATURE: PALIKA FRANKLIN D 04/14/2005

AURORA, CO 80016

City-St-Zip: