

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003909

FILED
Jul 08, 2006
Secretary of State

Entity Name: CHILDREN OF KRISHNA, INC.

Current Principal Place of Business:

9121 NW 219TH PLACE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2458
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3401602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

Title: D () Delete
Name: WALKER, GEOFFREY
Address: 1206 TREASURE OAK CT
City-St-Zip: ROCKVILLE, MD 20852

Title: D () Delete
Name: FRANKLIN, PALIKA
Address: 9121 NW 219 PLACE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: KASEDER, JAYA R
Address: 17818 NW 112TH BLVD.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: FITCH, RADHIKA
Address: 4800 LAGUNA ST
City-St-Zip: COLLEGE PARK, MD 26740

Title: D () Delete
Name: POURCHOT, MIREYA
Address: 632 GLIDDEN AVENUE
City-St-Zip: DEKALB, IL 60115

Title: DT () Delete
Name: WAHLSTROM, TODD
Address: 8070 S. NEWCASTLE CT
City-St-Zip: AURORA, CO 80016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KASEDER, JAYA R
Address: 11922 NW 147TH PLACE
City-St-Zip: ALACHUA, FL 32615

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

Title: D (X) Change () Addition
Name: POURCHOT, MIREYA
Address: 7485 NW 121ST AVE.
City-St-Zip: ALACHUA, FL 32615

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIREYA POURCHOT

D

07/08/2006

Electronic Signature of Signing Officer or Director

_____ Date