

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91432 023 ****70.00

DOCUMENT # N96000003909

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3401602**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAGGARD, JENNIFER
13018 NW 148TH TERRACE
ALACHUA FL 32615**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WALKER, GEOFFREY**
STREET ADDRESS **1206 TREASURE OAK CT**
CITY-ST-ZIP **ROCKVILLE MD 20852**

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

TITLE **DMT** ☐ Delete
NAME **HAGGARD, JENNIFER**
STREET ADDRESS **15914 NW 120TH PL**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **D** ☐ Delete
NAME **KASER, JAYA R**
STREET ADDRESS **17818 NW 112TH BLVD.**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **D** ☐ Delete
NAME **FITCH, RADHIKA**
STREET ADDRESS **P O BOX 1483**
CITY-ST-ZIP **ALACHUA FL 32616**

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

TITLE **D** ☐ Delete
NAME **SANTILLAN, JORGE**
STREET ADDRESS **P.O. BOX 54**
CITY-ST-ZIP **CULVER CITY CA 90232**

TITLE ☒ Change ☐ Addition
NAME **SANTILLAN, GIRI**
STREET ADDRESS **PO BOX 54**
CITY-ST-ZIP **CULVER CITY CA 90232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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:

SIGNATURE REQUIRED Jennifer Haggard 4-20-03 386 462 1081

CR2E037 (10/02)