

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90112 004 ****61.25

DOCUMENT # N96000005178

1. Entity Name

ISKCON WORLD NEWS, INC.



Principal Place of Business

**21106 NW COUNTY RD 239
ALACHUA FL 32615**

Mailing Address

**P O BOX 238
ALACHUA FL 32616-0238**

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 **59-3409638**

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
757 NW 27TH AVE
THIRD FLOOR
MIAMI FL 33125**

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	<input type="checkbox"/> Delete
NAME	MCCLELLAN, RONALD G	
STREET ADDRESS	P O BOX 238 N/A	
CITY-ST-ZIP	ALACHUA FL 32616-0238	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, MARSHA L	
STREET ADDRESS	P O BOX 238 N/A	
CITY-ST-ZIP	ALACHUA FL 32616-0238	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISENSOHN, JORGE C	
STREET ADDRESS	RR2 BOX 4542	
CITY-ST-ZIP	PAHOA HI 96778	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, BARBARA K	
STREET ADDRESS	RR2 BOX 4542	
CITY-ST-ZIP	PAHOA HI 96778	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEKSIEWECZ, GARY	
STREET ADDRESS	8808 NW 219TH PLACE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLA NEWMAN	
STREET ADDRESS	1666 NEW HALL AVE.	
CITY-ST-ZIP	CAMBRIA, CA 93428	

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:

Michael McClellan **MARSHA MCCLELLAN** 4-29-03 386-462-5033

CR2E037 (10/02)

ATTACHMENT

10096497

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ADDITION

DIRECTOR / TREASURER

MARK BIRENBAUM

25414 NW CR 241

ALACHUA, FL 32615