

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000813

FILED
Apr 23, 2005
Secretary of State

Entity Name: ARTS OF VAISNAVA CULTURE, INC.

Current Principal Place of Business:

3303 NW 149TH AVENUE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

3303 NW 159TH AVENUE
GAINESVILLE, FL 32609 US

New Mailing Address:

3303 NW 149TH AVENUE
GAINESVILLE, FL 32609 US

FEI Number: 59-3443801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELY, JON L
3303 NW 149TH AVENUE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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: STD () Delete
Name: ELY, JON
Address: 3303 NW 149TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: VD () Delete
Name: COMTOIS, LORI
Address: RT 3 BOX 55 A
City-St-Zip: ALACHUA, FL 32615

Title: PD () Delete
Name: ELY, KAREN
Address: 3303 NW 149TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: CHAPAPRIETA, LYNDIA
Address: 19121 NW CR 239
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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.

SIGNATURE: JON ELY

STD

04/23/2005

Electronic Signature of Signing Officer or Director

Date