

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002873

Entity Name: MAYAPUR FOUNDATION, INC.

FILED
Mar 24, 2004
Secretary of State

Current Principal Place of Business:

P. O. BOX 747
ALACHUA, FL 326160747

New Principal Place of Business:

P.O. BOX 747
ALACHUA, FL 32616

Current Mailing Address:

P. O. BOX 747
ALACHUA, FL 326160747

New Mailing Address:

P.O. BOX 747
ALACHUA, FL 32616

FEI Number: 59-3510862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPELLMAN, SETH W ESQ.
15206 NW 89TH STREET
ALACHUA, FL 32615 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: D () Delete
Name: SIMS, JOHN
Address: 236 WILDWOODS LANE
City-St-Zip: BOULDER, CO 80304

Title: D () Delete
Name: STEIN, GREGORY
Address: 10316 CHEVOIT DR
City-St-Zip: LOS ANGELOS, CA 90064

Title: DP () Delete
Name: RAISZ, STEPHEN
Address: 27511 NW CR 241
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: LEMIEUX, PIERRE
Address: 18024 NW 112TH BLVD
City-St-Zip: ALACHULA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIMS, JOHN
Address: 236 WILDWOOD LANE
City-St-Zip: BOULDER, CO 80304

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: PIERRE LEMIEUX

T

03/24/2004

Electronic Signature of Signing Officer or Director

Date