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

DOCUMENT # N9800003658

1. Entity Name

GOVINDA MISSION, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90177 015 ****61.25

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Principal Plac	ce of Business	· · · · · · · · · · · · · · · · · · ·	Mailing	Address							
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2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.				te, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State				4. FEI Number 59-3524193 Applied For Not Applicable				
Zip Country			Zip	Zip (untry	5. Certificate of Sta	tus Desired		Additional	
6. Name and Address of Current Registered Agent					<u></u>	7. Name and Address of New Registered Agent					
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JOHNSON, WADE F JR						The state of the second					
118 F.IF	FFERSON S	on XT				Street Address	s (P.O. Box Number is N	ot Acceptable)			
	O FL 32801	, ,								• • • • • • • • • • • • • • • • • • • •	
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						City FL Zip Code					
8. The above	named entity	submits this statement	for the purpo	se of changing its	registere	ed office or regist	tered agent, or both, in t	he State of Flor	ida. I am familiar w	ith, and accept	
the obliga	tions of registe	ered agent.									
SIGNATURE		or printed name of registered ager	ot and title if appli	eable (NOT)	E: Dogistoro	d Agent signature requi	ired when reinstating)		DATE		
	Signature, typeo	or printed hashe or registered ager	nt and the n appir	Cable. (NOT	riegistere	a Agent signature requi	red when remis(aurig)				
				• Flastica O.		"————		B.S. of	- Charle Bayon	lo to	
	FILE NOW	: FEE IS \$61.25		 9. Election Car Trust Fund C 			\$5.00 May Be Added to Fees		e Check Payat a Department o		
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10.	·	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICER	S AND DIRECTORS	S IN 10	
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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:

CONTROL OUR BALK. REDOY

4-7-03

724-733-8702

CR2E037 (10/02