FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-31-2000 90067 037 ***297.50
N98000007042

FILED
00 JUN -9 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00057266

DOCUMENT # N98000007042

1. Corporation Name
RADHA KRISHNA MANDIR AND YOGA CENTER, INC.

Principal Place of Business	Mailing Address
372 ARAQUAY AVE. ST. AUGUSTINE FL 32095	372 ARAQUAY AVE. ST. AUGUSTINE FL 32095

2. Principal Place of Business 21 2949 Coastal Hyway 22 Suite, Apt. #, etc. St. Augustine 23 City & State Florida 24 Zip 32095 25 Country USA	2a. Mailing Address 26 2949 Coastal Hyway 27 Suite, Apt. #, etc. 28 City & State St. Augustine Fl 29 Zip 32095 30 Country USA	3. Date Incorporated or Qualified 12/11/1998 4. FEI Number ☐ Applied For ☑ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MAGER, MICHAEL MR.
114 C STREET, APT.B
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Francis Bolte
82 Street Address (P.O. Box Number is Not Acceptable) 3001 1st Street
83 St Augustine
84 City FL 85 Zip Code 32095

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE FRANCIS BOLTE DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Douglas Lorenz 3001 1st Street St Augustine Fl. 32095 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR Douglas Lorenz 3001 1st Street St Augustine F 32095 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Francis Bolte 3001 st street St Augustine Fl 32095 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Lolita Das 2949 Coastal Hyway St. Augustine Fl 32095 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Nitai Das 2949 Coastal Hyway St. Augustine Fl 32095 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Nitai Das 2949 Coastal Hyway St. Augustine Fl 32095 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Bhaktichaki Das 2949 Coastal Hyway St Augustine Fl. ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Alexis Mashiev 2949 Coastal Hyway St. Augustine Fl ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Mager 114 C Street Apt B St Augustine Fl. 32084 ☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Walter Smith 372 ARAQUAY AVE St. Aug Fl ☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	REINSTATEMENT 99-00 SP ☐ Change ☑ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (Nitai Das) May 5 2000 904 819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #