

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N08000011549

**Entity Name:** BHAKTIVEDANTA ACADEMY OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

17414 NW 112TH BLVD  
ALACHUA, FL 32615

**Current Mailing Address:**

17414 NW 112TH BLVD  
ALACHUA, FL 32615 US

**FEI Number:** 26-3965713

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AGUILERA, DAVID E  
17414 NW 112TH BLVD  
ALACHUA, FL 32615 US

*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

**Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	TASSINARE, MIRIAM	Name	PEATTIE, TERESA A
Address	14405 NW 146TH AVE	Address	4218 NW 234TH AVE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	AGUILERA, DAVID E	Name	SPELLMAN, SETH
Address	10103 NW 209TH LANE	Address	15206 NW 89TH STREET
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	KHURANA, NILACALA	Name	MABIN, ROBERT
Address	10538 PALMETTO BLVD	Address	1515 NW 7TH PLACE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	GAINESVILLE FL 32603

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID AGUILERA

**SECRETARY**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date