

**2020 FLORIDA NOT FOR PROFIT CORPORATION 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: Yes****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  
Name POURCHOT, THOMAS  
Address 17881 NW 105TH TERRACE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR, PRESIDENT  
Name LESLIE, JONATHAN  
Address 17763 NW 105TH TERRACE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name TASSINARE, MIRIAM  
Address 14405 NW 146TH AVE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name PEATTIE, TERESA A  
Address 4218 NW 234TH AVE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR, SECRETARY,  
TREASURER  
Name AGUILERA, DAVID E  
Address 10103 NW 209TH LANE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name SPELLMAN, SETH  
Address 15206 NW 89TH STREET  
City-State-Zip: ALACHUA FL 32615

*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****03/06/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date