

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008168

Entity Name: BHAKTIVEDANTA INSTITUTE OF GAINESVILLE, INC.

Current Principal Place of Business:

19121 NW COUNTY ROAD 239
ALACHUA, FL 32615

Current Mailing Address:

19121 NW COUNTY ROAD 239
ALACHUA, FL 32615

FEI Number: 47-5672243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPAPRIETA, THOMAS P
19121 NW COUNTY ROAD 239
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 D
Name COHEN, ROBERT
Address 1515 NW 7TH PLACE
City-State-Zip: GAINESVILLE FL 32603

Title D
Name SUTTON, BARBARA
Address 34 WINDING WAY
City-State-Zip: BOOTHWYN PA 19069

Title DIRECTOR
Name CHAPAPRIETA, THOMAS P
Address 19121 NW CR 239
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: THOMAS P CHAPAPRIETA

REGISTERED AGENT

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date