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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713458** (8)

1. Corporation Name

BRANDON FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES INCORPORATED

Principal Place of Business

Mailing Address

3916 PENROD LANE
VALRICO FL 33594

3916 PENROD LANE
VALRICO FL 33594

3. Date Incorporated or Qualified

10/13/1967

4. FEI Number

59-2894751

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 911 S. BRYAN Rd.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

BRANDON FL

24 Zip

Country

29 Zip

Country

33511

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, ALAN
3916 PENROD LANE
VALRICO FL 33594

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Alan Olson ALAN OLSON President

3-8-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OLSON, ALAN
STREET ADDRESS 3916 PENROD LANE
CITY-ST-ZIP VALRICO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME GERMANY, ELIJAH
STREET ADDRESS 4013 PADDELEWHEEL DRIVE
CITY-ST-ZIP BRANDON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BELCHER, ALLEN D.
STREET ADDRESS 1914 S. FORBES ROAD
CITY-ST-ZIP PLANT CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Alan Olson ALAN OLSON President 3-8-98 813-684-9721

CR2E037 (10/97)