FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 713458

Principal Place of Bus
911 S BRYAN RD
BRANDON FL 33511

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FILED Mar 05, 1999 8:00 am § Secretary of State 03-05-1999 90077 041 ****61.25

	Name	,							
1. Corporation Name BRANDON FLORIDA CONGREGATION OF JEHOVAH'S WITNES SES INCORPORATED					174704 - 90077 - 21				
Principal Place		Mailing Address				•			
-					1 100111 100011 11	18 1901 Aven Aven Aven Aven 1801 Aven Aven Aven Aven Aven Aven Aven Aven	BIL BIBLE BLUE BIB	II A(B)) (30)	
911 S BRYAN RD 3916 PENROD LANE BRANDON FL 33511 VALRICO FL 33594									
US William TE 30011						160 (BIA) BIBBA BİLDY KÖNY BARAY BY	eli araji dibil dibi		
						'	-	•	
							· ·		
2. Principal P	ace of Business	2a. Mailing Address		·	3. Date Incorporate	d or Qualifed			
21	26				10/13/1967				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For 59-2894751 Not Applied be			
22		27	27			· .	Not	Applicable	
City & Stat	e	City & State	City & State			5. Certificate of Status Desired \$8.75 Additional			
23		28	28			Fee Required			
Zip Country		Zip	Zip Country		6. Election Campaign Financing \$5.00 May Be				
24 25		293	29 30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Addi	ress of New Registered	Agent		
			81	Name			•		
OLSON, ALAN			82	Street Ad	dress (P.O. Box Number	ess (P.O. Box Number is Not Acceptable)			
3916 PENROD LANE			Ĺ						
VALRICO FL 33594			83					,	
···			84	City			85 Zip C	ode	
			1	,		FL	_	-	
11. Pursuant	to the provisions of Sections 617.05 egistered agent, or both, in the State	02 and 617.1508, Florida Statutes	, the abov	e-named co	rporation submits this star	tement for the purpose of	changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 617.0503, Florid	a Statutes	B.	MONS DOELD OF CHECKIS.	Heleby accept the appe	manoin do rog		
SIGNATURE									
	Signature, typed or printed name of registered ag-			nt signature requ	ired when reinstating)	DATE NGES TO OFFICERS A	ND DIRECTO!	50 INI 22	
12.		ND DIRECTORS	13.		ADDITIONS/CHA	NGES TO OFFICENS A	Change	Addition	
TITLE	PD	□ DELETE	1.1 TITLE				change		
NAME	OLSON, ALAN		1.2 NAME			• • • • • • • • • • • • • • • • • • • •			
STREET ADDRESS	3916 PENROD LANE			TADORESS	•			,	
CITY-ST-ZIP	VALRICO FL		1.4 CITY-5	ST-ZIP			Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE		•	Allen I will	Öriğiğe	- Addition	
NAME	GERMANY, ELIJAH		2.2 NAME			•			
STREET ADDRESS	4013 PADDLEWHEEL DRIVE		2.3 STREE	T ADDRESS			7 .	1	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-	ST-ZIP			- Change	Addition	
TITLE	SD	☐ DELETE	3.1 TITLE			•	☐ Change	· [Addition	
NAME	BELCHER, ALLEN D.		3.2 NAME						
STREET ADORESS	1914 S. FORBES ROAD		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	PLANT CITY FL		3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME					`,	
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-3	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS				T ADORESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		<u> </u>			
TITLE	·	☐ DELETÉ	6.1 TITLE				∴ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			B	TADDRESS					
CITY-ST-ZIP			6.4 CITY-5	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, with all other like empowered.

SIGNATURE:

FADQUIA EAN OLSON 2-19-99 813-989-0088