

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90328 046 \*\*\*\*70.00

0057681

**DOCUMENT # 713458**

1. Entity Name

**BRANDON FLORIDA CONGREGATION OF JEHOVAH'S WITNES**

Principal Place of Business

Mailing Address

911 S BRYAN RD  
 BRANDON FL 33511  
 US

3916 PENROD LANE  
 VALRICO FL 33594

2. Principal Place of Business

**1647 S. MULRENNAN RD**

3. Mailing Address

**1914 S. FORBES RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**VALRICO, FL.**

City & State  
**PLANT CITY, FL.**

4. FEI Number

**59-2894751**

Applied For

Not Applicable

Zip  
**33594**

Country  
~~USA~~ **USA.**

Zip  
**33567**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSON, ALAN**  
**3916 PENROD LANE**  
**VALRICO FL 33594**

Name **ALLEN D. BELCHER**

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

**1914 S. FORBES RD.**

City **PLANT CITY**

**FL**

Zip Code **33567**

8. 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

*Allen D. Belcher*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLSON, ALAN	
STREET ADDRESS	3916 PENROD LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GERMANY, ELIJAH	
STREET ADDRESS	4013 PADDLEWHEEL DRIVE	
CITY-ST-ZIP	BRANDON FL.	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELCHER, ALLEN D.	
STREET ADDRESS	1914 S. FORBES ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN D BELCHER	
STREET ADDRESS	1914 S. FORBES RD.	
CITY-ST-ZIP	PLANT CITY, FL. 33567	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE REICH	
STREET ADDRESS	1708 TALLOW TREE CR.	
CITY-ST-ZIP	VALRICO, FL. 33594	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. KASTEN	
STREET ADDRESS	6005 KESTREL POINT AVG.	
CITY-ST-ZIP	LITHIA, FL. 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**4/22/01 88-689-7393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)