

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90109 035 ****61.25

DOCUMENT # 713458

1. Entity Name

BRANDON FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES INCORPORATED

Principal Place of Business

**1647 S MULRENNAN ROAD
 VALRICO FL 33594
 US**

Mailing Address

**1914 S FORBES ROAD
 PLANT CITY FL 33567
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2894751

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BELCHER, ALLEN D
 1914 S FORBES ROAD
 PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE: **PD** Delete
 NAME: **BLECHER, ALLEN D**
 STREET ADDRESS: **1914 S FORBES ROAD**
 CITY-ST-ZIP: **PLANT CITY FL 33567**

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

TITLE: **TD** Delete
 NAME: **REICH, BRUCE**
 STREET ADDRESS: **1709 TALLOW TREE CIRCLE**
 CITY-ST-ZIP: **VALRICO FL 33594**

TITLE: **SD** Delete
 NAME: **KASTEN, JOHN P**
 STREET ADDRESS: **6005 KESTREL POINT AVENUE**
 CITY-ST-ZIP: **LITHIA FL 33547**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Change Addition
 NAME: **BELCHER, ALLEN D.**
 STREET ADDRESS: **1914 S. FORBES ROAD**
 CITY-ST-ZIP: **PLANT CITY FL 33567**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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:

Allen D. Belcher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

813 754 2067
 Daytime Phone #

CR2E037 (9/01)