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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726805 (5)

1. Corporation Name
RIVERVIEW CONGREGATION OF JEHOVAH'S WITNESSES IN C

Principal Place of Business	Mailing Address
14608 HWY 301 S WIMAUMA FL 33598 US	6810 KRYCUL RIVERVIEW FL 33569-4311

3. Date Incorporated or Qualified: 06/26/1973
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2419646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALLAHAN, RONNIE D
7028 KRYCUL AVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CALVO,G.		1.2 NAME		
STREET ADDRESS	8008 VALRIE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAIER, AUGUST		2.2 NAME		
STREET ADDRESS	18450 U.S. 301 S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN SITY CENTER, F G		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, J		3.2 NAME		
STREET ADDRESS	13008 LOVERS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, RONNIE		4.2 NAME		
STREET ADDRESS	7028 KRYCUL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, B.		5.2 NAME		
STREET ADDRESS	10009 BRANWOOD DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, BENNY		6.2 NAME		
STREET ADDRESS	6810 KRYCUL AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [signature] REQUIRED — 4-9-97 — 813-251-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046270
RON CALLAHAN - PRESIDENT