

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728320 (3)

1. Corporation Name

THE ST. PETERSBURG FLORIDA COMPANY OF JEHOVAH'S
WITNESSES, INC.



Principal Place of Business

7621-47 STREET NORTH
PINELLAS PARK FL 34665
US SEE below

Mailing Address - SAME

7621-47 STREET NORTH
PINELLAS PARK FL 34665
US 33781

2. Principal Place of Business

2a. Mailing Address

21 9701 60th St. No.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pinellas Park, FL

28

Zip

Country

Zip

Country

24 33782

25 Pinellas

29 33781

30

3. Date Incorporated or Qualified

01/18/1974

3a. Date of Last Report

10/23/1995

4. FEI Number

59-2240883

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

WORTEN DYKE, JOHN
7621-47 STREET NORTH
PINELLAS PARK FL 34665

NAME CORRECTION
ONE LAST NAME

10. Name and Address of New Registered Agent

81 Name

John Wortendyke

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

7621 47th St. No.

83

84 City

Pinellas Park

FL

85 Zip Code

33781

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

John A. Wortendyke

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7/19/96

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	BOYNE, BYRON	
STREET ADDRESS	6374 38TH AVE. NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33710-1760	
TITLE	DS	☒ DELETE
NAME	THALMAN, GEORGE	
STREET ADDRESS	3633 61 WAY NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33710-1760	
TITLE	PD	☐ DELETE
NAME	WORTENDYKE, JOHN	
STREET ADDRESS	7621 47 ST N.	
CITY - ST - ZIP	PINELLAS PARK FL 34665	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	John Threats	
1.3 STREET ADDRESS	10331 38St. No.	
1.4 CITY - ST - ZIP	Clearwater, FL 34622	
2.1 TITLE	SD	☐ Change ☒ Addition
2.2 NAME	Cesar R. Almodovar	
2.3 STREET ADDRESS	5535 86th Ave. No.	
2.4 CITY - ST - ZIP	Pinellas Park, FL 33782	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John A. Wortendyke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Wortendyke

Date

Daytime Phone #

0015439

CR2E037 (3/96)