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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728320

1. Corporation Name

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

315072 - 90010 - 16

Principal Place of Business	Mailing Address
9701 60TH STREET NORTH PINELLAS PARK FL 33782 US	7621-47 STREET NORTH PINELLAS PARK FL 33781 US

2. Principal Place of Business 21	2a. Mailing Address 26 10331 38th Street N.	3. Date Incorporated or Qualifed 01/18/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2240883 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Clearwater, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 34622 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~WORTENDYKE, JOHN~~
~~7621-47 STREET NORTH~~
~~PINELLAS PARK FL 33781~~

10. Name and Address of New Registered Agent

81 Name: John Threats
82 Street Address (P.O. Box Number is Not Acceptable)
83: 10331 38 th St No.
84 City: Clearwater FL 85 Zip Code: 34622

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: Cesar R. Almodovar - Secretary — DATE: 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	→ PD	☒ Change ☐ Addition
NAME	THREATS, JOHN		1.2 NAME		
STREET ADDRESS	10331 38 STREET N		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALMODOVAR, CESAR R		2.2 NAME		
STREET ADDRESS	5535 86TH AVENU N		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP		
TITLE	~~PD~~	☒ DELETE	3.1 TITLE	VD	☒ Change ☒ Addition
NAME	~~WORTENDYKE, JOHN~~		3.2 NAME	HENRY W. BROMMELSICK	
STREET ADDRESS	~~7621 47 ST N.~~		3.3 STREET ADDRESS	8025 - 53RD WAY NO	
CITY-ST-ZIP	~~PINELLAS PARK FL~~		3.4 CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-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: SD SIGNATURE REQUIRED Cesar R Almodovar (727) 577 1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)