2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728320

1. Entity Name



05-02-2003 90197 034 ****61.25

FILED

May 02, 2003 8:00 am Secretary of State

SKYVIEW CONGREGATION OF JEHOVAH'S WITNESSES, PIN ELLAS PARK, FLORIDA, INC.		
Principal Place of Business	Mailing Address	
701 60TH STREET NORTH INELLAS PARK FL 33782 S	10331 38TH STREET NORTH CLEARWATER FL 33762	

PINELLAS PAR US	RK FL 33782	CLEARWATER FL 33762	un	 	I INIEN KIIKA ITEKI ARKI GIDIK NINK		DIS 91944 1884	
2. Principal F	Place of Business	of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			□ CF	☐ CHECK HERE IF MAKING CHANGES				
City & State City & State			4. FEI Number 59-	4. FEI Number 59-2979590 Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Stat	5. Certificate of Status Desired S8.75 Addition Fee Required.		ditional	
	6. Name and Address of Current Registered Agent		<u> </u>	7. Name and Address of New Registered Agent				
24 FOR THE PROPERTY OF THE PRO		Name						
THREATS, JOHN		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	BTH ST., N			Street Address (r. O. Dox Humber is Not Addeptable)				
CLEARW	ATER FL=34622-							
			City		FL	Zip Cod	ie	
8. The above	named entity submits this statement	for the purpose of changing its	s registered office or r	egistered agent, or both, in th	e State of Florida. I am fa			
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent signature	e required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribut			\$5.00 May Be Added to Fees	Make Check Florida Departr				
10. ≅∖	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	V 10	
TITLE	PD POLITY	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	THREATS, JOHN 10331 38 STREET N		NAME STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP				}	
TITLE	SD SD	Delete	TITLE	SD		Change	XX Addition	
NAME	BROWN, DIGNO	O Dolote	NAME 1	Wortendyke, Jo	hn A.		122 100111011	
STREET ADDRESS	14945 HIDDEN OAKS CIRCLE		STREET ADDRESS	7621 - 47 Stre	et N			
CITY-ST-ZIP	CLEARWATER FL 33764	_ 	CITY-ST-ZIP	Pinellas Park,	FL 33781			
TITLE	VD =	☐ Delete	TITLE		والمعمود والمراجع المعرضي	- Change -	- 🗌 Addition.	
NAME	BROMMELSICK, HENRY W		NAME					
STREET ADDRESS	8025-53RD WAY N.		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	PINELLAS PARK FL 33781		_					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME		·		_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Doloto	TITLE			Change	noitibh4	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

John A. Wortendyke

CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

4/30/2003

727-544-4181