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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **729507** **(4)**

1. Corporation Name

TAMPA, FLORIDA, CARROLLWOOD CONGREGATION OFJEHOV AH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
1208 W. HUMPHREY ST. TAMPA FL 33604 US	2806 CEDARIDGE DR TAMPA FL 33618-1424

3. Date Incorporated or Qualified: **04/29/1974**
3a. Date of Last Report: **02/16/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2378737** ☐ 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

DEFRANCESCO, JOSEPH
2806 CEDARIDGE DR
TAMPA 33618

10. Name and Address of New Registered Agent

81: JAMES DEFRANCESCO
82: 8510 PAMIE ST
83:
84: TAMPA FL — 85: Zip Code 33614

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: JAMES DEFRANCESCO — James DeFrancesco — 3/2/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, NORMAN 3247 CARVEL COURT TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition D Norman L Fowler 8815 C Crestview DR #7 TAMPA FLA 33604
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAIN, FORREST 1709 WILDWOOD COURT TAMPA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition P JAMES HEIN 2141 JUNEAU TAMPA FL 33604
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DEFRANCESCO, JOE 2806 CEDARIDGE DRIVE TAMPA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition STD JAMES DEFRANCESCO 8510 PAMIE ST TAMPA FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HORNIS, ALEX 16205 DOUBLEBROOK DR. TAMPA FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition V LEMAR ROOKS 13028 DELWOOD RD TAMPA FL 33619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERTANEN, ROBERT 7603 NORTH ALBANY AVE. TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: NORMAN L FOWLER — Norman L Fowler — 2-27-1997 — 7:30PM — 922-5645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048445