FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N00860 (9)

1. Corporation Name

BELLE GLADE CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
C/O ROBERT L. PERRY 5 EVERGLADES MHP CLEWISTON FL 33440 US	C/O ROBERT L. PERRY 5 EVERGLADES MHP CLEWISTON FL 33440 US

2. Principal Place of Business	2a. Mailing Address
21 C/O ROBERT PERRY	26 C/O ROBERT PERRY
Suite, Apt. #, etc. 22 EVERGLADES MPH #5	Suite, Apt. #, etc. 27 EVERGLADES MHP #5
City & State 23 CLEWISTON FL	City & State 28 CLEWISTON FL.
Zip 24 33440 Country 25 US	Zip 29 33440 Country 30 US

3. Date Incorporated or Qualified: 01/10/1984

3a. Date of Last Report: 10/05/1995

4. FEI Number: 59-2416717 ☒ 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

AVILA, JOAQUIN
809 N.E. 20TH STREET
BELLEGLADE FL 33430

10. Name and Address of New Registered Agent

81 Name: AVILA, JOAQUIN

82 Street Address (P.O. Box Number is Not Acceptable): 809 N.E. 20TH STREET

83

84 City: BELLE GLADE FL 85 Zip C 33420

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: Joaquin E Avila 4/4/96.
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, NATHAN		1.2 NAME		
STREET ADDRESS	248 715 M.H.P.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, JOSE		2.2 NAME		
STREET ADDRESS	15 N.E. AVE D #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, ROBERT L.		3.2 NAME		
STREET ADDRESS	5 EVERGLADES TRAILER PARK		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AVILA,JOAQUIN		4.2 NAME		
STREET ADDRESS	809 NE 20TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RODGER, HESTER		5.2 NAME		
STREET ADDRESS	380 SE 3RD AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY FL 33493		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BETANCOURT, RAFAEL		6.2 NAME		
STREET ADDRESS	301 N.W. AVE. K		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		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: NATHAN L. WELLS 2/3/96 (407)996-6395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)