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

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90552 022 ****61.25

DOCUMENT # N01000004819

1. Entity Name
HIBISCUS CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

Principal Place of Business	Mailing Address
103 N.W. MARION AVENUE PORT ST. LUCIE FL 34983	103 N.W. MARION AVENUE PORT ST. LUCIE FL 34983

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR 65-0333647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARINO, JOSETH 214 S.W. LAKE FOREST WAY PORT ST. LUCIE FL 34986	Name: MARINO, Joseph Street Address (P.O. Box Number is Not Acceptable): 214 SW LAKE FOREST WAY City: PORT ST. LUCIE, FL FL Zip Code: 34986

8. The aboye named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joseph Marino 1/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, RUSSELL 610 NW KINGSTON PORT SAINT LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WOLF, RUSSELL 5940 NW BACHELOR TERRACE PORT ST LUCIE, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUTLE, CHARLES 1310 SW DORCHESTER PORT SAINT LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Schuttle, Charles 1310 SW Dorchester ST. Port St. Lucie, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANN, JOSEPH 214 S W LAKE FOREST WAY PORT SAINT LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MARINO, Joseph 214 SW LAKE FOREST WAY PORT ST. LUCIE, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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.

SIGNATURE: Joseph Marino JOSEPH MARINO 1/7/03 772 201-0796