

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03178** (3)

1. Corporation Name
LEESBURG CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

Principal Place of Business Mailing Address
2105 W. MAIN ST. LEESBURG FL 34748 *2105 W. MAIN ST. P.O. Box 1495 LEESBURG FL 34748-24749*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1984	3a. Date of Last Report 12/27/1994
4. FEI Number 59-2387360	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

SCOTT, DOUGLAS E.
2105 WEST MAIN STREET *10344 JOANIES RUN*
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICHARD JR	1.2 NAME	
STREET ADDRESS	GOSS AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34748	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, R P	2.2 NAME	
STREET ADDRESS	6640 WOODY CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34748	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DOUGLAS	3.2 NAME	
STREET ADDRESS	10344 JOANIES RUN	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34788	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHIE, CLARENCE	4.2 NAME	
STREET ADDRESS	724 W. ALFRED ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL 32778	4.4 CITY - ST - ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANDALL, EDWIN	5.2 NAME	
STREET ADDRESS	1021 DUNDEE CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34788	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKSICK, MARLAND	6.2 NAME	
STREET ADDRESS	10130 MISTI RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34788	6.4 CITY - ST - ZIP	

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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 110.07(3)(4), 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: *Edwin F. Crandall* **Edwin F. CRANDALL, STD** *2-19-95* *904-343-1979*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (Area) Number