

**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 # 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** **P.O. BOX 1495 LEESBURG FL 34749**

3. Date Incorporated or Qualified **05/21/1984** 3a. Date of Last Report **03/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2387360</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SCOTT, DOUGLAS E**  
**2105 W. MAIN STREET**  
**LEESBURG FL 34748**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, RICHARD JR</b>	1.2 NAME	
STREET ADDRESS	<b>GOSS AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL 34748</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCONNELL, R P</b>	2.2 NAME	
STREET ADDRESS	<b>6640 WOODY CT.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL 34748</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, DOUGLAS</b>	3.2 NAME	
STREET ADDRESS	<b>10344 JOANIES RUN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL 34788</b>	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHIE, CLARENCE</b>	4.2 NAME	
STREET ADDRESS	<b>724 W. ALFRED ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAVARES FL 32778</b>	4.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANDALL, EDWIN</b>	5.2 NAME	
STREET ADDRESS	<b>1021 DUNDEE CIRCLE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL 34788</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAKSICK, MARLAND</b>	6.2 NAME	
STREET ADDRESS	<b>10130 MISTI RD.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL 34788</b>	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: Edwin F. Crandall 1/26/96 352-343-1979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)