

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 08 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03178 (3)**

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

Principal Place of Business 2105 W. MAIN ST. LEESBURG FL 34748	Mailing Address P.O. BOX 1495 LEESBURG FL 34749
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 533 Sunnyside Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 491495 Suite, Apt. #, etc.
22 City & State 23 Leesburg, Florida	27 City & State 28 Leesburg, Florida
24 Zip 34748	29 Zip 34749
25 Country Lake	30 Country Lake

3. Date Incorporated or Qualified 05/21/1984	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2387360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCOTT, DOUGLAS E  
 2105 W. MAIN STREET  
 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, RICHARD JR	
STREET ADDRESS	GOSS AVE.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, R P	
STREET ADDRESS	6640 WOODY CT.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, DOUGLAS	
STREET ADDRESS	10344 JOANIES RUN	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARCHIE, CLARENCE	
STREET ADDRESS	724 W. ALFRED ST.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CRANDALL, EDWIN	
STREET ADDRESS	1021 DUNDEE CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAKSICK, MARLAND	
STREET ADDRESS	10130 MISTI RD.	
CITY-ST-ZIP	LEESBURG FL 34788	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louis Pellegrino	
1.3 STREET ADDRESS	502 Brigadoon Circle	
1.4 CITY-ST-ZIP	Leesburg, FL. 34788	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 REQUIRED

CR2E037 (4/97)