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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

LEESBURG CONGREGATION OF JEHOVAH'S WITNESSES. IN

FILED Feb 04 1998 8:00am Secretary of State

| C. C. | | | | | |
|--|---|---------------------------------------|----------------------------------|---------------|---|
| Principal Plac | e of Business | Mailing Address | | | T CERTIFIED DIT ONLY SELECTION OF THE STATE |
| 533 SUNNYSID | _ · | P_O_80X_491495 | | | 3. Date Incorporated or Qualified |
| LEESBURG FL US | 34748 | LEESBURG FL 34749 US | | | 05/21/1984 |
| 00 | | 33 | | | 4. FEI Number Applied For |
| O. District Class of District | | | | | 59-2387360 Not Applicable |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 5. Certificate of Status Desired |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | 27 | | | Trust Fund Contribution Added to Fees |
| City & State | | City & State | F-1 - | | 7. Is this nonprofit corporation a homeowners association? |
| 23 | | 28 | | <u>.</u> | ☐ Yes ☐ No |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| 81 Name | | | | | |
| SCOTT, DOUGLAS E | | | _ | 2 Street | et Address (P.O. Box Number is Not Acceptable) |
| 2105 W. MAIN STREET | | | ľ | Sireei | est Address (F.O. Box Number is Not Acceptable) |
| LEESBURG FL 34748 | | | 1 | 3 | |
| | | | - | 4 City | 85 Zip Code |
| | | | | 1 | F<u>L</u> |
| 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 Signature, typed or critical pane of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) DATE | | | | | |
| 12. | Signature, typed or printed name of registered ag | NOTE NO DIRECTORS | 13. | gent signatur | ture required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD CELICENS AT | DELETE | 1.1 TITL | E | Change Addition |
| NAME | BROWN, RICHARD JR | _ | 1.2 NAME | | |
| STREET ADDRESS | GOSS AVE. | | 1,3 STRI | ET ADDRESS | is |
| CITY-ST-ZIP | LEESBURG FL 34748 | | 1.4 CITY | -ST-ZIP | |
| TITLE | D | DELETE | 2,1 TITL | | ChangeAddition |
| NAME | PELLEGRINO, LOUIS | | 2.2 NAM | E | |
| STREET ADDRESS | 502 BRIGADOON CIR | | 2,3 STA | ET ADDRESS | ıs |
| CITY-ST-ZIP | LEESBURG FL | | 2. 4 CIT | -ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | l Change |
| NAME | SCOTT, DOUGLAS | | 3.2 NAN | | |
| STREET ADDRESS | 10344 JOANIES RUN | | | ET ADDRESS | s |
| CITY-ST-ZIP | LEESBURG FL 34788 | DELETE | 3.4. CITY - ST - ZIP | | Change Addition |
| TITLE | VD | LI DETELE | 4.1 TITL | | CT Outside CT variation |
| NAME | ARCHIE, CLARENCE | | 4. 2 NAM | | |
| STREET ADDRESS | 724 W. ALFRED ST. | | 4.3 STREET ADDRES | | s |
| CITY-ST-ZIP TITLE | TAVARES FL 32778 STD | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME | CRANDALL, EDWIN | | 5.1 NAME | | |
| STREET ADDRESS | 1021 DUNDEE CIRCLE | | 1 | et address | |
| CITY-ST-ZIP | LEESBURG FL 34788 | | 5.4 City-ST-ZIP | | <u> </u> |
| TITLE | D | DELETE | 6.1 TITL | | ☐ Change ☐ Addition |
| NAME | BRAKSICK, MARLAND | | 6.2 NAM | | |
| STREET ADDRESS | 10130 MISTI RD. | | 1 | ET ADDRESS | s |
| City-St-Zip | LEESBURG FL 34788 | | | -ST-ZIP | |
| | | with this filling does not qualify fo | | | ated in Section 119.07(3)(i). Florida Statutes, I further certify that the information |

Indicated on this annual report or supplied with an mining oces not quality for the exemption stated in Securit 18.07(5)(f), Florida Statutes. Indicates in 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.