

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0089724

02-27-2002 90070 037 ****61.25

DOCUMENT # N03178

1. Entity Name

LEESBURG CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

Principal Place of Business

Mailing Address

**533 SUNNYSIDE DR
 LEESBURG FL 34748
 US**

**P O BOX 492223
 LEESBURG FL 34749
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, Fl. 34748

Zip

Country

Zip

Country

~~Lake~~

4. FEI Number

59-2387360

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELLEGRINN, LOUIS
 502 BRIGADOON CIRCLE
 LEESBURG FL 34788**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Edwin F. Crandall

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BROWN, RICHARD JR**
 STREET ADDRESS **GOSS AVE.**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** Change Addition
 NAME **Brown Richard Jr**
 STREET ADDRESS **P.O.Box 491495**
 CITY-ST-ZIP **Leesburg, FL. 34748**

TITLE **D** Delete
 NAME **PELLEGRINO, LOUIS**
 STREET ADDRESS **502 BRIGADOON CIR**
 CITY-ST-ZIP **LEESBURG FL**

TITLE **C** Change Addition
 NAME **Jackie Lacey**
 STREET ADDRESS **P.O.Box 492223**
 CITY-ST-ZIP **Leesburg, FL. 34748**

TITLE **D** Delete
 NAME **FLUITT, JOHN**
 STREET ADDRESS **1626 APT B JONES DR**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **ARCHIE, CLARENCE**
 STREET ADDRESS **724 W. ALFRED ST.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** Change Addition
 NAME **Archie, Clarence**
 STREET ADDRESS **724 W. Alfred St.**
 CITY-ST-ZIP **Tavares Fl. 32778**

TITLE **STD** Delete
 NAME **CRANDALL, EDWIN**
 STREET ADDRESS **1021 DUNDEE CIRCLE**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BRAKSICK, MARLAND**
 STREET ADDRESS **10130 MISTI RD.**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Edwin F. Crandall* **Edwin F Crandall 1/30/02 352-343-1979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)