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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06475

1. Corporation Name

THE TAMPA FLORIDA, SOUTH UNIT, COMPANY OF JEHOVA
H'S WITNESSES INC.

Principal Place of Business

%ROBERT R. MACKEY
3608 EUCLID AVENUE
TAMPA FL 33629

Mailing Address

%ROBERT R. MACKEY
3608 EUCLID AVENUE
TAMPA FL 33629



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified			
21	26	12/04/1984			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number			
22	27	59-2660436			
City & State	City & State	Applied For			
23	28	Not Applicable			
Zip	Country	5. Certificate of Status Desired			
24	25	29	30	<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

9. Name and Address of Current Registered Agent

MACKEY, ROBERT R.
3608 EUCLID AVENUE
TAMPA FL 33629

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

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	
NAME	MACKEY, ROBERT R.	1.2 NAME	
STREET ADDRESS	3608 EUCLID AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	STEVEN L. DAVIS	2.2 NAME	
STREET ADDRESS	2314 BRISTOL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609-4704	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CREMATA, SAMUEL	3.2 NAME	
STREET ADDRESS	3315 W. SEVILLA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-21-99

Date

Daytime Phone #

CR2E037 (11/98)