


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90189 046 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N06475</b>   |  |
| <b>1. Entity Name</b>  |   |
| THE TAMPA FLORIDA, SOUTH UNIT, COMPANY OF JEHOVAH'S WITNESSES INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b>                        | <b>Mailing Address</b>                                    |
| %ROBERT R. MACKEY<br>3608 EUCLID AVENUE<br>TAMPA FL 33629 | %ROBERT R. MACKEY<br>3608 EUCLID AVENUE<br>TAMPA FL 33629 |



MOORE CR2E037 (11/03)

|  |  |
|--|--|
| <b>2. Principal Place of Business</b>  | <b>3. Mailing Address</b>  |
| Steven L. Davis<br>Suite, Apt. #, etc.<br>2314 Bristol Ave.<br>City & State<br>Tampa, Florida<br>Zip<br>33609<br>Country<br>Hillsborough | Steven L. Davis<br>Suite, Apt. #, etc.<br>2314 Bristol Ave.<br>City & State<br>Tampa, Florida<br>Zip<br>33609<br>Country<br>Hillsborough |

|                      |   |
|----------------------|---|
| <b>4. FEI Number</b> | <b>Applied For</b>                      |
| 59-2660436           | <input type="checkbox"/> Not Applicable |

|   |   |
|---|---|
| <b>5. Certificate of Status Desired</b> | <input type="checkbox"/> \$8.75 Additional Fee Required |
|---|---|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>    |
| MACKEY, ROBERT R.<br>3608 EUCLID AVENUE<br>TAMPA FL 33629 |

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>  |
| Name<br>Steven L. Davis<br>Street Address (P.O. Box Number is Not Acceptable)<br>2314 Bristol Avenue<br>City<br>Tampa, Florida 33609<br>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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
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**  
**Due By May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

| <b>10. OFFICERS AND DIRECTORS</b>          |                        |
|--|------------------------|
| <b>TITLE</b>                               | <b>NAME</b>            |
| PD   | MACKEY, ROBERT R.      |
| <b>STREET ADDRESS</b>                      | 3608 EUCLID AVENUE     |
| <b>CITY-ST-ZIP</b>                         | TAMPA FL               |
| <input checked="" type="checkbox"/> Delete |                        |
| <b>TITLE</b>                               | <b>NAME</b>            |
| D  | STEVEN L. DAVIS        |
| <b>STREET ADDRESS</b>                      | 2314 BRISTOL AVE       |
| <b>CITY-ST-ZIP</b>                         | TAMPA FL 33609-4704    |
| <input type="checkbox"/> Delete            |                        |
| <b>TITLE</b>                               | <b>NAME</b>            |
| D  | CREMATA, SAMUEL        |
| <b>STREET ADDRESS</b>                      | 3315 W. SEVILLA CIRCLE |
| <b>CITY-ST-ZIP</b>                         | TAMPA FL               |
| <input type="checkbox"/> Delete            |                        |
| <b>TITLE</b>                               | <b>NAME</b>            |
|  |                        |
| <b>STREET ADDRESS</b>                      |                        |
| <b>CITY-ST-ZIP</b>                         |                        |
| <input type="checkbox"/> Delete            |                        |
| <b>TITLE</b>                               | <b>NAME</b>            |
|  |                        |
| <b>STREET ADDRESS</b>                      |                        |
| <b>CITY-ST-ZIP</b>                         |                        |
| <input type="checkbox"/> Delete            |                        |

| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                            |                        |
|---|------------------------|
| <b>TITLE</b>  | <b>NAME</b>            |
|   | Steven L. Davis        |
| <b>STREET ADDRESS</b>   | 2314 Bristol Avenue    |
| <b>CITY-ST-ZIP</b>  | Tampa, Florida 33609   |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |                        |
| <b>TITLE</b>  | <b>NAME</b>            |
|   | Samuel Cremata         |
| <b>STREET ADDRESS</b>   | 3315 W. Sevilla Circle |
| <b>CITY-ST-ZIP</b>  | Tampa, Florida 33609   |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |                        |
| <b>TITLE</b>  | <b>NAME</b>            |
|   | Malcolm Dall           |
| <b>STREET ADDRESS</b>   | 2936 Lawn Avenue       |
| <b>CITY-ST-ZIP</b>  | Tampa, FL 33611        |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                        |
| <b>TITLE</b>  | <b>NAME</b>            |
|   |                        |
| <b>STREET ADDRESS</b>   |                        |
| <b>CITY-ST-ZIP</b>  |                        |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                        |
| <b>TITLE</b>  | <b>NAME</b>            |
|   |                        |
| <b>STREET ADDRESS</b>   |                        |
| <b>CITY-ST-ZIP</b>  |                        |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                        |

**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:**  **4-20-04** **813-251-0206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #