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NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachm

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11264

(1)

SEBASTIAN CONGREGATION OF JEHOVAH'S WITNESSES, I

Principal Place of Business Mailing Address 675 LAKE DRIVE **675 LAKE DRIVE** SEBASTIAN FL 32958-4233 SEBASTIAN FL 32958 3. Date Incorporated or Qualified 3a. Date of Last Report 09/24/1985 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2387419 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOLLAND, LARRY 82 Street Address (P.O. Box Number is Not Acceptable) 675 LAKE DRIVE 83 **SEBASTIAN FL 32958** 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Addition Change DELETE TITLE 1.1 TITLE GRIFFITHS, RICHARD E NAME 1.2 NAME 613 ERVIN STREET STREET ADDRESS 1.3 STREET ADDRESS SEBASTIAN FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE MEEK, DAVID NAME 2.2 NAME 592 CROSS CREEK DR. STREET ADDRESS 23 STREET ADDRESS SEBASTIAN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition STD TITLE 3.1 THILE HOLLAND, LARRY 32 NAME 241 MENSH AVENUE STREET ADDRESS 3.3 STREET ADDRESS SEBASTIAN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CFTY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

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 empowers to execute this report as required by Chapter 617, Florida Statutes; and that my name

CLUMERY HOLLAND; STD

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