

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17991** (3)
1. Corporation Name
WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, I NC.



Principal Place of Business Mailing Address
R.R. 1 BOX 300 WALLKILL NY 12589-9798 US

3. Date Incorporated or Qualified **11/26/1986** 3a. Date of Last Report **05/01/1995**
4. FEI Number **58-1711312** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**MOODY, JIM H.
E. 2ND ST. EXT.
LEHIGH FL 33936**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENSCHEL, MILTON G	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COUCH, GEORGE M.	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LARSON, MAX H.	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SWINGLE, LYMAN A.	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLING, LON R.	
STREET ADDRESS	R.D. 1 BOX 300	
CITY-ST-ZIP	WALLKILL NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID	
STREET ADDRESS	R.D. 1 BOX 300	
CITY-ST-ZIP	WALLKILL NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *L. A. Swingle* **L. A. Swingle** 4/25/96 (718) 625-3600
Date Daytime Phone #

CR2E037 (12/95)