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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 12589-9786 US
R.R. 1 BOX 300 WALLKILL NY 12589-9706 US

3. Date Incorporated or Qualified 11/26/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 58-1711312 Applied For Not Applicable

22 900 RED MILLS RD
City & State WALLKILL NY

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 WALLKILL NY
City & State WALLKILL NY

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 12589-3223 25 US
28 12589-3223 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MOODY, JIM H.
E. 2ND ST. EXT.
LEHIGH FL 33836

10. Name and Address of New Registered Agent
81 Name MOODY, JIM H.
82 Street Address (P.O. Box Number is Not Acceptable) 1001 LEHIGH EAST RD.
83
84 City LEHIGH ACRES FL 85 Zip Code 33972

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HENSCHEL, MILTON G 124 COLUMBIA HEIGHTS BROOKLYN NY	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD COUCH, GEORGE M. 124 COLUMBIA HEIGHTS BROOKLYN NY	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD LARSON, MAX H. 124 COLUMBIA HEIGHTS BROOKLYN NY	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD SWINGLE, LYMAN A. 124 COLUMBIA HEIGHTS BROOKLYN NY	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SCHILLING, LON R. R.D. 1 BOX 300 WALLKILL NY	5.1 TITLE	D SCHILLING, LON R. 900 RED MILLS RD WALLKILL NY 12589-3223
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WALKER, DAVID R.D. 1 BOX 300 WALLKILL NY	6.1 TITLE	D WALKER, DAVID 900 RED MILLS RD WALLKILL NY 12589-3223
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: _____ on R. Schilling 4/3/97 (914) 744-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075573

CR2E037 (9/96)