

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90101 013 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17991

1. Corporation Name

WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, I  
NC.

Principal Place of Business

900 RED MILLS RD  
WALLKILL NY 12589-3223  
US

Mailing Address

900 RED MILLS RD  
WALLKILL NY 12589-3223  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1711312	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENSCHEL, MILTON G			1.2 NAME			
STREET ADDRESS	124 COLUMBIA HEIGHTS			1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUCH, GEORGE M.			2.2 NAME			
STREET ADDRESS	124 COLUMBIA HEIGHTS			2.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, MAX H.			3.2 NAME			
STREET ADDRESS	124 COLUMBIA HEIGHTS			3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINGLE, LYMAN A.			4.2 NAME			
STREET ADDRESS	124 COLUMBIA HEIGHTS			4.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHILLING, LON R			5.2 NAME			
STREET ADDRESS	900 RED MILLS RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	WALLKILL NY			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, DAVID			6.2 NAME			
STREET ADDRESS	900 RED MILLS RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	WALLKILL NY			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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99  
Date

(718) 625-3600  
Daytime Phone #

0062649

CR2E037 (1/98)