## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

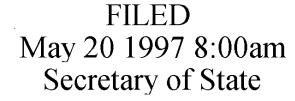
N21607

(9)

EAST BOCA RATON CONGREGATION OF JEHOVAH'S WITNES SES, INC.

Principal Place of Business

Mailing Address



1		1841 BEBEL		1111111	H

19230 STATE R BOCA RATON F		19230 STATE ROAD 7 (441) BOCA RATON FL 33498-4763							
					3. Date Incorporated or Qualified 07/17/1987	3a. Date of Last R- 07/30/199			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For		
21		26			65-0040360	<del></del>	t Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	<del>0</del>	City & State			6. Election Campaign Financing	\$5.00			
23		Zip Country		Trust Fund Contribution					
Zip 24	Country 25	Z <sub>1</sub> p	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Curren		30		10. Name and Address of New Registered Agent				
			8	1 Name					
GILBERT	MAYI		-	<u> </u>		,			
6409 VIA			8	Street Add	dress (P.O. Box Number is Not Acceptab	ile)			
	ATON FL 33433		8	3					
) Doort in	7,101,12 00 100		Ļ	4 00		Table 1			
]			[8	4 City		FL 85 Zip	Code		
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the p	urpose of changing it	s registered		
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 r 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered age			igent signature requ	pirod when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	DP	☐ DELETÉ	1,1 TOTAL	1		☐ Change	☐ Addition		
NAME	GILBERT, MAX I		1.2 NAM				İ		
STREET ADDRESS	6409 VIA ROSA BOCA RATON FL			ET ADDRESS					
CITY-ST-ZIP TITLE	DV RATON FC	DELETE	21 TITL	- \$1 - ZIP		Change	Addition		
NAME	CHRISTOU, ANDREAS	22 N				□ otkinge			
STREET ADORESS	7427 W COUNTRY CLUB BL\			ET ADDRESS					
CITY-ST-ZIP BOCA RATON FL			2.4 CITY-ST-ZIP						
TITLE	DTS	DELETE	3.17(1)			Change	Addition		
NAME	HAUPT, STEVIN		3.2 NAM	E					
STREET ADORESS	293 NW 64TH STREET		3.3 STR	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY	7-ST-ZIP					
TITLE		☐ DELETE	4 1 TITL			Change	Addition		
NAME			4. 2 NAM	AE )					
STREET ADDRESS			4.3 STR	ET ADDRESS					
CITY-ST-ZIP				- ST - ZIP		·			
TITLE	G	[_] DELETE	5.1 T(1L)	· · ·		Change	Addition		
NAME			5.2 NAM	1					
STREET ADDRESS			i i	ET ADDRESS					
CITY-ST-ZIP	<u> </u>	Libritat		- S1 - ZIP					
TITLE		☐ DELETE	6.1 †ITLI	1		Change	Addition		
NAME OVERT ADDRESS			62 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an extraorment with an address.

and the same