FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21607

1. Corporation Name

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

Principal Place of Business						
19230	STATE ROAD 7 (441)					
BOCA	RATON FL 33498-4763					

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

Mailing Address

GILBERT, MAX P O BOX 276063 BOCA RATON FL 33427

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

28

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90078 018 ****61.25

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

07/17/1987

65-0040360

4. FEI Number

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	Zip	Country	Zip	(Country		6	 Election Campa 	aign Financing	П		May Be
GILBERT, MAX I 8409 VIA ROSA 850CA RATON FL 33433 11. Pursuant to the provisions of Sections 617,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and the provisions of Sections 617,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE QLEETI, MAX I STREET ADDRESS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STREET ADDRESS QUIT ST. 29 CHAISTON, ANDREAS 14. GTT/ST. 29 CHAISTON, ANDREAS 12. STREET ADDRESS QUIT ST. 29 CHAISTON, ANDREAS 13. TIME DV CHRISTON, ANDREAS 14. GTT/ST. 29 CHAISTON, ANDREAS 13. TIME QUIT ST. 29 CHAISTON, ANDREAS 14. GTT/ST. 29 CHAISTON, ANDREAS 15. STREET ADDRESS QUIT ST. 29 CHAISTON, ANDREAS CHAISTON	24	25	29	30				Trust Fund Cor	ntribution		Added	to Fees
GILBERT, MAX I 8409 VIA ROSA BOCA RATON FL 33433 844 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, and accept the obligations of, Section 17 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 17 0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ITTLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITTLE 15. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ITTLE 15. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ITTLE 15. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ITTLE 15. ITTLE 15. ITTLE 15. ITTLE 15. OFFICERS AND DIRECTORS 15. ITTLE 15.		9. Name and Address of Current I	Registered Agent				10	Name and Ad	dress of New	Registered /	Agent	
8409 VIA ROSA BOCA RATON FL 33433 84 City FL 85 Zip Code TT. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section \$17,0502, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0502, Florids Statutes. SIGNATURE SIGNATURE T2 OFFICERS AND DIRECTORS TILE DP GLEFT, MAX I STREET ADDRESS 6409 VIA ROSA LIGHT STATE DV CHRISTOU, ANDREAS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAWE STREET ADDRESS ACTIVIST-2P TILE DV CHRISTOU, ANDREAS 12. STREET ADDRESS ACTIVIST-2P TILE DIS DELETE JITTLE DIS DELETE JITTLE DIS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 Corns. 72.PP CHALLST OW, ANDREAS 1.2 STREET ADDRESS 1.2 23 STREET ADDRESS 1.2 24 STREE					81	Name						
8409 VIA ROSA BOCA RATON FL 33433 84 City FL 85 Zip Code TT. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section \$17,0502, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0502, Florids Statutes. SIGNATURE SIGNATURE T2 OFFICERS AND DIRECTORS TILE DP GLEFT, MAX I STREET ADDRESS 6409 VIA ROSA LIGHT STATE DV CHRISTOU, ANDREAS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAWE STREET ADDRESS ACTIVIST-2P TILE DV CHRISTOU, ANDREAS 12. STREET ADDRESS ACTIVIST-2P TILE DIS DELETE JITTLE DIS DELETE JITTLE DIS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 Corns. 72.PP CHALLST OW, ANDREAS 1.2 STREET ADDRESS 1.2 23 STREET ADDRESS 1.2 24 STREE	CII RERT	MAYI			82 Street Address (P.O. Box Number is Not Accentable)							
BOCA RATON FL 33433 B4							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
### City FL 85 Zip Code ### Ci					83							
T1. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized bythe corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, byte or printed agent and that if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP	DOOK IVA	101116 00100			0.4	City				 	85 Zin	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of unrectors. Thereby accept the deplatation of Section 617-5030, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tills if applicable. PATE: Registered Agent in deplatation in a policable. PATE: Registered Agent in deplatation in a policable. PATE: Registered Agent in deplatation. PATE:					04	City				FL		
Signature, young or printer name of registrated agent and size if applicable. NOTE Registered Agent and paths in applicable. NOTE Registered Agent and paths required when introduction.	office or r	egistered agent, or both, in the State of	Florida, Such char	nge was autnori	zea by	tne corpo	corporation s b	on submits this st coard of directors	atement for the . I hereby acce	e purpose of opt the appoi	changing it ntment as r	s registered egistered
TITLE DP GILBERT, MAX I STREET ADDRESS GAMP VIA ROSA 13. STREET ADDRESS GAMP VIA ROSA 13. STREET ADDRESS GAMP VIA ROSA 14. CTTY-ST-ZIP DV CHRISTOU, ANDREAS 3. STREET ADDRESS GAMP VIA ROSA 13. STREET ADDRESS GAMP VIA ROSA 14. CTTY-ST-ZIP DV CHRISTOU, ANDREAS 3. STREET ADDRESS GAMP VIA ROSA 14. CTTY-ST-ZIP DV CHRISTOU, ANDREAS 3. STREET ADDRESS GAMP VIA ROSA 14. CTTY-ST-ZIP DV CHRISTOU, ANDREAS 3. STREET ADDRESS GAMP VIA ROSA 14. CTTY-ST-ZIP DV CHRISTOU, ANDREAS 3. STREET ADDRESS GAMP VIA ROSA 7. (441) SOCIET STATE ROAD 7. (441) S	SIGNATURE	Classiture based or printed name of registered agent a	nd title if applicable	(NOTE: Regist	ered Aoer	t signature re	quired when	reinstating)		DATE		
INTE DY GIBERT, MAX 12 NAME 12 NAME 13 STREET ADDRESS 6409 VIA ROSA	12.							ADDITIONS/CH	ANGES TO O	FICERS AN	D DIRECT	ORS IN 12
NAME GILBERT, MAX I 6409 VIA ROSA BOCA RATON FL DV DV DELETE CHRISTOU, ANDREAS STREET ADDRESS TAZY W COUNTRY CLUB BLVD BOCA RATON FL DTS NAME HAUPT, STEVIN STREET ADDRESS CITY-ST-ZP BOCA RATON FL DTS NAME HAUPT, STEVIN STREET ADDRESS CITY-ST-ZP BOCA RATON FL DELETE AS AME AS STREET ADDRESS CITY-ST-ZP BOCA RATON FL AS STREET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP BOCA RATON FL AS STREET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP BOCA RATON FL AS STREET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP BOCA RATON FL AS STREET ADDRESS CITY-ST-ZP BOCA RATON FL AS STREET ADDRESS CITY-ST-ZP Change Addition Addition Change Addition Addition Change Chan	πιε			ELETE 1	1 TITLE						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE DV DELETE DV DELETE DV DELETE DV DELETE DV DELETE DV DELETE DV CHRISTOU, ANDREAS STREET ADDRESS CITY-ST-ZIP DOCA RATON FL DTS DCA RATON FL DTS DCA RATON FL DELETE DELE		•		1	2 NAME						•	
BOCA RATON FL TITLE DV CHRISTOU, ANDREAS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP BOCA RATON FL DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS 33 STREET ADDRESS 24 CITY-ST-ZIP BOCA RATON FL DELETE 31 TITLE DTS DELETE 31 TITLE DTS DELETE 31 TITLE DTS Addition Change Addition Addition Change Addition Addition Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change				1	3 STREE	ADORESS						ļ
TITLE CHRISTOU, ANDREAS TREET ADDRESS TA27 W COUNTRY CLUB BLVD CITY-ST-ZIP BOCA RATON FL DTS NAME HAUPT, STEVIN STREET ADDRESS CITY-ST-ZIP BOCA RATON FL DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.1 TITLE 1.2 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.3 STREET ADDRESS CITY-ST-ZIP DELE		•		1	4 CITY-S	r-zip						
NAME CHRISTOU, ANDREAS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL DTS DTS DELETE DTS DAWE HAUPT, STEVIN 32 NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL DELETE 31 ITTLE DTS DAWE HAUPT, STEVIN 32 NAME HAUPT, STEVIN 33 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL DELETE 41 ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS										-	Change	☐ Addition
TITLE DTS DELETE 3.1 TITLE 3.2 NAME HAUPT, STEVIN 3.2 NAME 9.3 NW 64TH STREET 3.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 3.4 CITY-ST-ZIP 1.7 DELETE 4.1 TITLE 1.7 DELETE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.1 TITLE 1.7 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS 5.3 STREET				2	2 NAME		CHVII	TOU, AND	REAS	-1	ر.,	
TITLE DTS DELETE 3.1 TITLE 3.2 NAME HAUPT, STEVIN 3.2 NAME 9.3 NW 64TH STREET 3.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 3.4 CITY-ST-ZIP 1.7 DELETE 4.1 TITLE 1.7 DELETE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.1 TITLE 1.7 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS 5.3 STREET		I		2	3 STREE	ADDRESS	192.	30 STATI	E ROAD	7 (44	''	
TITLE DTS DELETE 3.1 TITLE 3.2 NAME HAUPT, STEVIN 3.2 NAME 9.3 NW 64TH STREET 3.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 3.4 CITY-ST-ZIP 1.7 DELETE 4.1 TITLE 1.7 DELETE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.1 TITLE 1.7 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 1.7 DELETE 5.3 STREET ADDRESS 5.3 STREET		1 ' '='				T-ZIP	BOCA	RATON	, FL 3	3 4_9.8	-476	3
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS STREET ADDR					-						Change	Addition
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE \[\begin{array}{cccccccccccccccccccccccccccccccccccc				3	.2 NAME							J
STREET ADDRESS CITY- ST-ZIP DELETE 3.4. CITY- ST-ZIP TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE CHange Addition Addition 6.2 NAME 6.3 STREET ADDRESS CITY- ST-ZIP Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST-ZIP TITLE NAME 6.3 STREET ADDRESS 6.4 CITY- ST-ZIP TALL Less that a street in Section 119 07(3)(i) Florida Statutes further certify that the information				3	.3 STREE	ADDRESS						· ,
TITLE DELETE 4.1 TITLE				3	.4. CITY- S	T-ZIP						·
A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TALE ADDRESS 6.4 CITY-ST-ZIP TALE ADDRESS CITY-ST-ZIP TALE ADDRESS CONTY-ST-ZIP TALE ADDRESS ADDRESS CONTY-ST-ZIP TALE ADDRESS ADDRESS ADDRESS CONTY-ST-ZIP TALE ADDRESS	TITLE			DELETE 4	1 TITLE						☐ Change	☐ Addition
ALCITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP TALE TO STREET ADDRESS G.4 CITY-ST-ZIP TALE TO STREET ADDRESS G.5 STREET ADDRESS G.4 CITY-ST-ZIP TALE TO STREET ADDRESS	NAME			4	2 NAME							1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition AMME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	STREET ADDRESS			4	.3 STREE	ADDRESS						ļ
TITLE				4	4 CITY-S	T-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE CANAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 Level wo write that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3W). Florida Statutes further certify that the information	TITLE			DELETE 5	.1 TITLE						Change	☐ Addition
54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP 1.4 Learner certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information	NAME			5	.2 NAME						-	
TITLE 6.1 TITLE 6.1 TITLE GRANDE NAME STREET ADDRESS CITY-ST-ZIP 14 Learner coefficients supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information	STREET ADDRESS			5	.3 STREE	ADDRESS						Ì
TITLE 6.1 TITLE 6.1 TITLE GAME NAME STREET ADDRESS CITY- ST-ZIP 14 Learner coefficients appelled with this filling does not qualify for the exemption stated in Section 119 07(3Vi) Florida Statutes further certify that the information	CITY-ST-ZIP			5	4 CITY-S	T- ZIP						
STREET ADDRESS CITY-ST-ZIP 14 Learning contributes that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information	TITLE			DELETE	1 TITLE						Change	☐ Addition
6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CI	NAME.			6	2 NAME						•	ļ
44 I be what earlies that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi) Florida Statutes I further certify that the information	STREET ADDRESS			6	.3 STREE	ADDRESS						
14. I have by codify that the information cumplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes. I further certify that the information	CITY-ST-ZIP											
	14 I barabu	certify that the information supplied with	this filing does not	qualify for the	exempt	on stated	in Section	on 119.07(3)(i), F	lorida Statutes	. I further cer	tify that the	information

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that it eminimation 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:

ME AND TYPED OR PRINTED TRAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (56) 338-5677

(11/30)

Applied For

\$8.75 Additional

Fee Required

Not Applicable