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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # N25247 (0)

1. Corporation Name

MERRITT ISLAND, FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

Mailing Address

520 SO PLUMOSA STR  
MERRITT ISLD FL 32952  
US

500 GATEWAY DRIVE  
MERRITT ISLAND FL 32952-2654  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/07/1988                                                                                                                | 3a. Date of Last Report<br>01/26/1994 |
| 4. FEI Number<br>59-2889035                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                    |                                       |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees                                              |                                       |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required                              |                                       |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBBER, BRUCE D.  
500 GATEWAY DRIVE  
MERRITT ISLAND FL 32952

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when Incorporating)

DATE

| 12. OFFICERS AND DIRECTORS |                                                                        | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D WEBER, BRUCE D.<br>500 GATEWAY DRIVE<br>MERRITT ISLAND FL            | 11 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 12 NAME                                                |                                                                   |
| STREET ADDRESS             |                                                                        | 13 STREET ADDRESS                                      |                                                                   |
| CITY - ST - ZIP            |                                                                        | 14 CITY - ST - ZIP                                     |                                                                   |
| TITLE                      | D BURDO, DANIEL V.<br>1510 EDDY STREET<br>MERRITT ISLAND FL            | 21 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 22 NAME                                                |                                                                   |
| STREET ADDRESS             |                                                                        | 23 STREET ADDRESS                                      |                                                                   |
| CITY - ST - ZIP            |                                                                        | 24 CITY - ST - ZIP                                     |                                                                   |
| TITLE                      | D SPILLERS, R. DENNIS<br>1994 EAST PHILLIPS COURT<br>MERRITT ISLAND FL | 31 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 32 NAME                                                |                                                                   |
| STREET ADDRESS             |                                                                        | 33 STREET ADDRESS                                      |                                                                   |
| CITY - ST - ZIP            |                                                                        | 34 CITY - ST - ZIP                                     |                                                                   |
| TITLE                      |                                                                        | 41 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 42 NAME                                                |                                                                   |
| STREET ADDRESS             |                                                                        | 43 STREET ADDRESS                                      |                                                                   |
| CITY - ST - ZIP            |                                                                        | 44 CITY - ST - ZIP                                     |                                                                   |
| TITLE                      |                                                                        | 51 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 52 NAME                                                |                                                                   |
| STREET ADDRESS             |                                                                        | 53 STREET ADDRESS                                      |                                                                   |
| CITY - ST - ZIP            |                                                                        | 54 CITY - ST - ZIP                                     |                                                                   |
| TITLE                      |                                                                        | 61 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 62 NAME                                                |                                                                   |
| STREET ADDRESS             |                                                                        | 63 STREET ADDRESS                                      |                                                                   |
| CITY - ST - ZIP            |                                                                        | 64 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *Bruce D. Spillers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/95 452-2905  
DATE TIME