

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90058 010 \*\*\*\*61.25

0029819

**DOCUMENT # N27478**

1. Entity Name

**NORTH LAUDERDALE LAKES CONGREGATION OF JEHOVAH'S WITNESSES, INC.**

Principal Place of Business

Mailing Address

C/O DONALD G. POWERS  
 4320 NW 24TH STREET  
 LAUDERHILL FL 33313

C/O DONALD G. POWERS  
 4320 NW 24TH STREET  
 LAUDERHILL FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2805667**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWERS, DONALD G.**  
**4320 NW 24TH STREET**  
**LAUDERHILL FL 33313**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ARDIZZONE, GARRY R.</b> <b>6350 NW 9TH STREET</b> <b>MARGATE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SHAMBRAY, DELBERT KEITH</b> <b>1461 SUSSEX DRIVE</b> <b>NORTH LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>POWERS, DONALD G.</b> <b>4320 NW 24TH STREET</b> <b>LAUDERHILL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald G. Powers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/02*  
 Date

Daytime Phone #

CR2E037 (9/01)

Attachment

North Lauderdale Lakes Congregation of  
Jehovah's Witnesses Inc.

# N29478

353941

February 20, 2002

Dear Sir:

We are a non-profit Corp. being a Church. At this time I am requesting the form needed, to make an amendment to our Articles of Incorporation. I would like to thank you for your cooperation in this matter.

Std Donald G. Powers  
Donald G. Powers

Address : 4320 N.W. 24 st.  
Lauderhill, Fla. 33313