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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000002237

1. Corporation Name

EAST SPRING HILL CONGREGATIONS OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

2283 RENTON LANE
SPRING HILL FL 34609

Mailing Address

2283 RENTON LANE
SPRING HILL FL 34609



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/02/1994	
Suite, Apt., etc.		Suite, Apt., etc.		4. FEI Number	
22		27		59-2375985	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**DURKEE, HOWARD
2283 RENTON LANE
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GENOVESE, MICHAEL	
STREET ADDRESS	13140 JESSICA DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREVES, JEFF	
STREET ADDRESS	15376 OAKCREST CIR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THEISER, RICHARD	
STREET ADDRESS	14370 CORONADO DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VONICK, GARY	
STREET ADDRESS	1090 TRINIDAD AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VINCENZO, FILI	
STREET ADDRESS	3429 SUNNYBROOK TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, THOMAS N	
STREET ADDRESS	5145 BONE LN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (352) 686-8958
Date Daytime Phone #

CR2E037-11/98