

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002986 (7)**

1. Corporation Name

**DAYTONA BEACH (FL) ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC.**

Principal Place of Business

Mailing Address

**201 SUGAR MILL DR  
NEW SMYRNA BEACH FL 32168**

**P.O. BOX 1412  
NEW SMYRNA BEACH FL 32170**



3. Date Incorporated or Qualified

**06/13/1994**

3a. Date of Last Report

**02/01/1995**

4. FEI Number

**59-3253333**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 299 TEMOKA FARMS RD.**

**26**

Suite, Apt. #, etc. **N/A**

Suite, Apt. #, etc.

**22 DAYTONA BEACH, FL**

**27**

City & State **DAYTONA BEACH, FL**

City & State

Zip **24 32124-0000**

Country **25 USA**

Zip **29**

Country **30**

9. Name and Address of Current Registered Agent

**MCCADDON, JOHN W  
201 SUGAR MILL DR  
NEW SMYRNA BEACH FL 32168**

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

*John W. McCaddon* **Dir./Pres.**

**20 January 1996**

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** ☐ DELETE  
NAME **MCCADDON, JOHN W**  
STREET ADDRESS **201 SUGAR MILL DR**  
CITY-STATE-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **VD** ☐ DELETE  
NAME **LEWIS, ENRIQUE**  
STREET ADDRESS **838 SHORELINE CIR**  
CITY-STATE-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **STD** ☐ DELETE  
NAME **THORNTON, WORTH L**  
STREET ADDRESS **4221 GULL COVE**  
CITY-STATE-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** ☒ DELETE  
NAME **BORGSCULZE, JOHN R**  
STREET ADDRESS **9931 BERRY DEASE RD**  
CITY-STATE-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ DELETE  
NAME **CARPENTER, WILFRED B JR.**  
STREET ADDRESS **128 BOLLGREEN DR**  
CITY-STATE-ZIP **INTERLACHEN FL 32148**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☒ Change ☐ Addition  
42 NAME **D ROBERT L. BELLAVIA**  
43 STREET ADDRESS **269 LAWTON AVE**  
44 CITY-STATE-ZIP **ORANGE CITY, FL 32763**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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 119.07(3)(k), 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.

SIGNATURE:

*W. L. Thornton*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sec./Treas.**

**20 January 1996**

Date

Buytime Phone #

CR2E037 (12/95)