

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90026 006 ****61.25

DOCUMENT # N94000002986

1. Entity Name

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

Principal Place of Business

Mailing Address

299 TOMOKA FARMS RD
DAYTONA BEACH FL 32124
US

PO BOX 9357
DAYTONA BEACH FL 32120-9357
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3253333

Applied For

Not Applicable

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

CARPENTER, WILFRED J
128 BOLLGREEN DRIVE
INTERLACHEN FL 32148

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☒ Delete
NAME SASSARD, STEVEN L
STREET ADDRESS 11 PALMWOOD CT
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE Director ☒ Change ☐ Addition
NAME GOODWIN, LARRY R
STREET ADDRESS 13032 CALDWELL ROAD
CITY-ST-ZIP JACKSONVILLE, FL. 32226-1680

TITLE D ☐ Delete
NAME HELEN, WILLIAM
STREET ADDRESS 838 LAKELAND DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME PATCHETT, S W
STREET ADDRESS 206 OLEANDER AVE
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BELLAVIA, ROBERT L
STREET ADDRESS 269 LAWTON AVE.
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CARPENTER, WILFRED B JR.
STREET ADDRESS 128 BOLLGREEN DR
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SS WILFRED B CARPENTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 (506) 226-1288

Date Daytime Phone #

CR2E037 (9/01)