FILE NOW: FILING FEE IS $61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State
03-08-1999 90044 026 ****61.25

0053591

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000003511**

1. Corporation Name

NORTH ST. PETERSBURG CONGREGATION OF JEHOVAH'S W ITNESSES, INC.

Principal Place of Business	Mailing Address
1695 42ND AVE N ST PETERSBURG FL 33714	1695 42ND AVE N ST PETERSBURG FL 33714

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/24/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAMILTON, H. EARLE
5231 20TH ST N
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name Anzalone, David A
82 Street Address (P.O. Box Number is Not Acceptable)
83 4820 19st N
84 City St Petersburg FL 85 Zip Code 33714

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 David Anzalone 2/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☑ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	HAMILTON, H. EARLE		1.2 NAME	Anzalone, David A	
STREET ADDRESS	5231 20TH ST		1.3 STREET ADDRESS	4820 19st. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33714		1.4 CITY-ST-ZIP	St. Petersburg FL 33714	
TITLE	DV	☑ DELETE	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	BOETZEL, DALE V		2.2 NAME	Brugge, Harry	
STREET ADDRESS	4121 19TH ST N		2.3 STREET ADDRESS	940 46th Av. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33714		2.4 CITY-ST-ZIP	St Petersburg FL 33703	
TITLE	DST	☑ DELETE	3.1 TITLE	DST	☑ Change ☐ Addition
NAME	ANZALONE, DAVID A		3.2 NAME	Nguyenthang, Tony	
STREET ADDRESS	4820 19 ST N		3.3 STREET ADDRESS	2120-42nd Av. N.	
CITY-ST-ZIP	ST PETE FL		3.4 CITY-ST-ZIP	St Petersburg FL 33714	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 2/4/99 521-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #