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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000003248

1. Corporation Name

**LOXAHATCHEE CONGREGATION OF JEHOVAH'S WITNESSES,
INC.**

Principal Place of Business

16571 VELAZQUEZ ROAD
LOXAHATCHEE FL 33470

Mailing Address

16571 VELAZQUEZ ROAD
LOXAHATCHEE FL 33470



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

**MAUGERI, RALPH
12959 KAZEE ROAD
LOXAHATCHEE FL 33470**

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 ☐ DELETE
NAME **D ALLEN, KENNETH**
STREET ADDRESS **999 B ROAD**
CITY-STATE-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ DELETE
NAME **D ALTAVILLA, SALVATORE**
STREET ADDRESS **1841 PRIMROSE LANE**
CITY-STATE-ZIP **WELLINGTON FL 33414**

TITLE ☐ DELETE
NAME **D CORNELL, ALLAN**
STREET ADDRESS **11319 41 COURT N**
CITY-STATE-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ DELETE
NAME **D DEROSA, ANTHONY**
STREET ADDRESS **14341 BLACKBERRY DRIVE**
CITY-STATE-ZIP **WELLINGTON FL 33414**

TITLE ☐ DELETE
NAME **D MAUGERI, RALPH**
STREET ADDRESS **12959 KAZEE ROAD**
CITY-STATE-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ DELETE
NAME **D PATTON, WILLIAM**
STREET ADDRESS **140 LEXINGTON DRIVE**
CITY-STATE-ZIP **ROYAL PALM BEACH FL 33411**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **F/D Thomas Summersill**
1.3 STREET ADDRESS **16355 E. Granddramal Dr.**
1.4 CITY-STATE-ZIP **Loxahatchee, FL 33470**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **S/D Ralph Maugeri**
2.3 STREET ADDRESS **12959 Kazeed Rd**
2.4 CITY-STATE-ZIP **Loxahatchee, FL 33470**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **F/D William Patton**
3.3 STREET ADDRESS **140 Lexington Dr.**
3.4 CITY-STATE-ZIP **Royal Palm Beach, FL 33411**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: *Ralph Maugeri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

561 793 8864
Daytime Phone #

CR2E037 (1/98)