

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003248

1. Entity Name

LOXAHATCHEE CONGREGATION OF JEHOVAH'S WITNESSES,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90038 038 ****61.25

Principal Place of Business	Mailing Address
16571 VELAZQUEZ ROAD LOXAHATCHEE FL 33470	16571 VELAZQUEZ ROAD LOXAHATCHEE FL 33470-3959

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0452534	Applied For ☒ 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
MAUGERI, RALPH 12959 KAZEE ROAD LOXAHATCHEE FL 33470	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 *Ralph A. Maugeri* (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 NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KENNETH 999 B ROAD LOXAHATCHEE FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTAVILLA, SALVATORE 1841 PRIMROSE LANE WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, ALLAN 11319 41 COURT N ROYAL PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROSA, ANTHONY 14341 BLACKBERRY DRIVE WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAUGERI, RALPH 12959 KAZEE ROAD LOXAHATCHEE FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTON, WILLIAM 140 LEXINGTON DRIVE ROYAL PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Ralph A. Maugeri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
Date

561-793-6864
Daytime Phone #

CR2E037 (9/99)