

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90631 028 \*\*\*\*61.25

**DOCUMENT # N99000000133**

1. Entity Name

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

Principal Place of Business

Mailing Address

967 CAROLINE AVE  
 WEST PALM BEACH FL 33413

967 CAROLINE AVE  
 WEST PALM BEACH FL 33413-1205

2. Principal Place of Business

3. Mailing Address

7471 Belvedere Rd.  
 Suite, Apt. #, etc.

Same as above  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

West Palm Beach FL

4. FEI Number

Applied For

65-0104079

Not Applicable

Zip

Country

Zip

Country

33417 Palm Beach

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

GIANI, EDWARD J  
 967 CAROLINE AVE  
 WEST PALM BEACH FL 33413

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	PD	<input type="checkbox"/> Delete
NAME	GIANI, EDWARD J	
STREET ADDRESS	967 CAROLINE AVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33413	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCALL, JOSEPH A	
STREET ADDRESS	1500 N CONGRESS AVE, #B-19	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	BARTO, JOSEPH	
STREET ADDRESS	719 EXECUTIVE CENTER DR, #E-301	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	McLaughlin, Terry	
STREET ADDRESS	1377 Wynnewood Dr	
CITY - ST - ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	Frazier, Tim	
STREET ADDRESS	5145 Breckenbridge Pl. #36	
CITY - ST - ZIP	West Palm Beach, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Addition
NAME	Guerara, Douglas	
STREET ADDRESS	7000 Okeechobee Blvd	
CITY - ST - ZIP	West Palm Beach, FL 33472	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Summers, James	
STREET ADDRESS	635 Lake Evelyn Dr	
CITY - ST - ZIP	West Palm Beach, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Addition
NAME	Gill, David	
STREET ADDRESS	616 Executive Center Dr, #208	
CITY - ST - ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 contained 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:

*Edward J. Giani*  
 EDWARD J. GIANI

4-30-2001 561-6838468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #