

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90667 050 \*\*\*\*61.25

**DOCUMENT # N99000000133**

1. Entity Name

**BELVEDERE CONGREGATION OF JEHOVAH'S WITNESSES, I  
 NC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7471 BELVEDERE RD  
 WEST PALM BEACH FL 33417**

**967 CAROLINE AVE  
 WEST PALM BEACH FL 33413-1205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0104079**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  Delete  
 NAME **PD GIANI, EDWARD J**  
 STREET ADDRESS **967 CAROLINE AVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD MCLAUGHLIN, TERRY**  
 STREET ADDRESS **1377 WYNNEWOOD DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TSD SUMMERS, JAMES**  
 STREET ADDRESS **135 LAKE EVELYN DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FRAZIER, TIM**  
 STREET ADDRESS **5145 BREEKENBRIDGE PL #36**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

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:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

561-683-8468

Date

Daytime Phone #

CR2E037 (9/01)