| Entity Name: LAS OLAS CONGREGATION OF JEHOVAH'S WITNESSES, INC. |   |                           |                       | Secretary of State<br>CC3925017615 |      |
|---|---|---------------------------|-----------------------|------------------------------------|------|
| Current Pri   | ncipal Place of Business:   |                           |                       | 003923017                          | 015  |
| 425 SW 9 ST   |   |                           |                       |                                    |      |
| FT LAUDERDA   | LE, FL 33315  |                           |                       |                                    |      |
| Current Mai   | iling Address:  |                           |                       |                                    |      |
|   | •   |                           |                       |                                    |      |
| 1619 SW 4T  |   |                           |                       |                                    |      |
| FILAUDER  | DALE, FL 33312 US   |                           |                       |                                    |      |
| FEI Number: 26-4431135 Ce                                       |   |                           | Certificate of        | f Status Desired:                  | Yes  |
| Name and A  | Address of Current Registered Agent:                              |                           |                       |                                    |      |
| JONES, JONA <sup>-</sup><br>1619 SW 4TH (<br>FT. LAUDERD/       |   |                           |                       |                                    |      |
| The above name  | d entity submits this statement for the purpose of changing its r | agistarad office or regis | torod agant or both   | in the State of Elerida            |      |
| SIGNATURE   |   | egistered onice of regis  | lered agent, or both, | in the State of Fionda.            |      |
| SIGNATURE   |   |                           |                       |                                    | Date |
|   | Electronic Signature of Registered Agent                          |                           |                       |                                    | Date |
| Officer/Dire  | ctor Detail :   |                           |                       |                                    |      |
| Title   | DP  | Title                     | DS                    |                                    |      |
| Name  | JONES, JONATHAN E   | Name                      | FARRIS, RICHA         | NRD O                              |      |
| Address   | 1619 SW 4TH COURT   | Address                   | 300 NORTH FE          | DERAL HWY.                         |      |
| City-State-Zip:   | FT. LAUDERDALE FL 33312   | City-State-Zip:           | DANIA BEACH           | FL 33004                           |      |
| Title   | DT  |                           |                       |                                    |      |
| Name  | DUCTAN, WILLIAM X   |                           |                       |                                    |      |
| Address   | 757 SE 17TH STREET  |                           |                       |                                    |      |

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42958

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DS

SIGNATURE: RICHARD O. FARRIS

#1024 City-State-Zip: FORT LAUDERDALE FL 33316

Electronic Signature of Signing Officer/Director Detail

01/15/2014

FILED Jan 15, 2014

**Secretary of State**