FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702418

1. Corporation Name

DAYTONA BEACH FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business 3501 S CLYDE MORRIS BLVD. PORT ORANGE FL 32119

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

5560 S NOVA RD DAYTONA BEACH FL 32127

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 05, 1999 8:00 am Secretary of State

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3. Date incorporated or Qualifed

05/10/1961

59-2336933

4. FEI Number

City & State	θ		City & State			5. Certificate of Status Desired	\$8.75 A	
23	28						Fee Req	uired
Zip	Country	Z	Cip	Country		6. Election Campaign Financing	\$5.00 N	
24	25	29	30	<u> </u>		Trust Fund Contribution	Added to	Fees
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name			[
STRONG, JAMES				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
5560 S NOVA RD							<u> </u>	
DAYTONA BEACH FL 32127				83	83			
				84	City		85 Zip C	ode
					•		FL	_
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN								RS IN 12
TILE				1.1 TITLE	TITLE		☐ Change	☐ Addition
NAME (1. The second of			1.2 NAME	AME			}
STREET ADDRESS	837 STONYBROOK CIR			1.3 STREET	ADORESS			
CITY-ST-ZIP				1.4 CITY-S1				1
TITLE				2.1 TITLE			☐ Change	☐ Addition
NAME	PINE, DAVID		_	2.2 NAME				
STREET ADDRESS	812 NEW YORK AVE.			2.3 STREET	ADDRESS			}
CITY-ST-ZIP	SOUTH DAYTONA FL			2.4 CITY-S				~ -
TITLE	STD		☐ DELETE	3.1 TITLE			Change	Addition
NAME	STRONG, JAMES			3.2 NAME]
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			3.4. CITY-S	T-21P]
TITLE	DATIONA BOTTLE		[] DELETE	4.1 TITLE	-		Change	Addition
NAME				4. 2 NAME]
STREET ADDRESS				4.3 STREET	ADDRESS			1
CITY-ST-ZIP				4.4 CMY-51	r-ZIP	_		
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME	į			1
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	r-zip		<u> </u>	
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME	}			1
STREET ADDRESS				6.3 STREET	ADDRESS			}
CITY-ST-ZIP				6.4 CITY-S				
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								

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 informatio 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:

2-45-99

969261 2855

CR2E037 (11/98)

Applied For

Not Applicable