

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 703897

FILED
Oct 31, 2004
Secretary of State**Entity Name:** BARTOW FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.**Current Principal Place of Business:**1810 S. DAVIS AVE.
BARTOW, FL 33830**New Principal Place of Business:****Current Mailing Address:**4317 TAMMY LEE LANE
LAKELAND, FL 33813**New Mailing Address:****FEI Number:** 59-2864556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**DOMINIQUE, ROBERT
4317 TAMMY LEE LANE
LAKELAND, FL 33813 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VTD () Delete
Name: LOVE, DENNIS
Address: 1810 S. DAVIS AVE.
City-St-Zip: BARTOW, FL 33830**Title:** PTD () Delete
Name: DOMINIQUE, ROBERT
Address: 1810 S. DAVIS AVE.
City-St-Zip: BARTOW, FL 33830**Title:** STD () Delete
Name: JACKSON, JAY
Address: 1605 OLEANDER PL.
City-St-Zip: BARTOW, FL 33830**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: GOFF, KENNETH E
Address: 515 S OAK AVE
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DOMINIQUE

PTD

10/31/2004

Electronic Signature of Signing Officer or Director_____
Date