2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 21, 2003 8:00 am
Secretary of State
01-21-2003 90192 022 ****61.25

DOCUMENT # 703897

1. Entity Name
BARTOW FLORIDA CONGREGATION OF JEHOVAH'S WITNESS ES, INC.

Principal Place of Business	Mailing Address
1810 S. DAVIS AVE. BARTOW FL 33830	515 S. OAK AVENUE BARTOW FL 33830

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Robert Dominique Suite, Apt. # etc. 4317 Tammy Lee Lane
City & State	City & State Lakeland FL
Zip / Country	Zip / Country 33813 Polk

4. FEI Number 59-2864556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOFF, KENNETH E
515 SOUTH OAK AVENUE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name: Robert Dominique
Street Address (P.O. Box Number is Not Acceptable): 4317 Tammy Lee Lane
City: Lakeland FL Zip Code: 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert Dominique PTD 1/9/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LOVE, DENNIS 1810 S. DAVIS AVE. BARTOW FL 33830	☐ Delete	STD Jay Jackson 1605 Oleander Pl. Bartow Fl. 33830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DOMINIQUE, ROBERT 1810 S. DAVIS AVE. BARTOW FL 33830	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GOFF, KENNETH E 515 SOUTH OAK AVENUE BARTOW FL 33830	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 Robert Dominique 1/9/03 863-647-1736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #