

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 705112 (1)

1. Corporation Name

LARGO CONGREGATION OF JEHOVAH'S WITNESS, INC.

95 MAY -1 AM 9:47

SECRETARY
TALLAHASSEE

Principal Place of Business

10488 HAZEL ST
LARGO FL 34648

Mailing Address

10488 HAZEL ST
LARGO FL 34648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1972

3a. Date of Last Report

05/01/1994

4. FEI Number

05-0074008

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WOLFERSBERGER, CHARLES, JR
10488 HAZEL ST
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

VOSKIAN, ARTHUR

WWOR LAUREN DRIVE

LARGO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LEW, KAI

3230 HONEYSUCKLE ROAD

LARGO, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

LUCENT, JOSEPH

3260 HONEYSUCKLE ROAD

LARGO, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

LEANZA, FRANK JR.

1659 SOUTH PRESCOTT AVE

CLEARWATER, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

VARGAS, MICHAEL

10412 TODD CIRCLE

LARGO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

WOLFERSBERGER, CHARLES

10488 HAZEL STREET

LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information 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.

SIGNATURE:

Charles Wolfersberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3 1995 399-8600
Date Daytime Phone #