

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706426** (4)

1. Corporation Name

OKEECHOBEE FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business KINGDOM HALL 8230 HWY 70 W OKEECHOBEE FL 34974 US	Mailing Address C/O DAVID R. BRAZIL 260 NW 34TH TERRACE OKEECHOBEE FL 34972
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3. Date Incorporated or Qualified 11/14/1963
4. FEI Number 59-1988880
Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent BRAZIL, DAVID R. 260 NW 34TH TERRACE OKEECHOBEE FL 34972
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD ☐ DELETE
NAME	WILSON, STEWART
STREET ADDRESS	1757 SW 35TH CIR
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	STD ☐ DELETE
NAME	BRAZIL, DAVID R
STREET ADDRESS	260 NW 34TH TERRACE
CITY-ST-ZIP	OKEECHOBEE, FL 00000
TITLE	D ☐ DELETE
NAME	BRAZIL, SAMUEL R.
STREET ADDRESS	1955 NE 40TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 00000
TITLE	D ☐ DELETE
NAME	HALL, BERNEY
STREET ADDRESS	574 NE 16TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 00000
TITLE	PD ☐ DELETE
NAME	THIBODEAU, HAROLD A.
STREET ADDRESS	1307 S PARROT AVE #31
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *[Signature]* 1/15/98 941-713-5470

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