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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706426**

1. Corporation Name

OKEECHOBEE FLORIDA CONGREGATION OF JEHOVAH'S WIT NESSES, INC.

Principal Place of Business	Mailing Address
KINGDOM HALL 8250 HWY 70 W OKEECHOBEE FL 34974 US	C/O DAVID R. BRAZIL 260 NW 34TH TERRACE OKEECHOBEE FL 34972

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/14/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1988880 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BRAZIL, DAVID R.
260 NW 34TH TERRACE
OKEECHOBEE FL 34972

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	XX DELETE	1.1 TITLE	VD	☐ Change ☐ Addition
NAME	WILSON, STEWART		1.2 NAME	JUAN A. RAMOS	
STREET ADDRESS	1757 SW 35TH CIR		1.3 STREET ADDRESS	3353 SW 17th STREET	
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRAZIL, DAVID R		2.2 NAME		
STREET ADDRESS	260 NW 34TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAZIL, SAMUEL R.		3.2 NAME		
STREET ADDRESS	1955 NE 40TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALL, BERNEY		4.2 NAME		
STREET ADDRESS	574 NE 16TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THIBODEAU, HAROLD A.		5.2 NAME		
STREET ADDRESS	1307 S PARROT AVE #31		5.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME			6.2 NAME	DAVID E GOOLSBY	
STREET ADDRESS			6.3 STREET ADDRESS	1881 SE 24th BLVD.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: DAVID R. BRAZIL February 17, 1999 941-763-5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #