SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 709509 (4)

1. Corporation Name

THE TALLAHASSEE, FLORIDA CONGREGATION OF JEHOVAH 'S WITNESSES, WEST UNIT, INC.

Principal Place of Business	Mailing Address
2641 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303	2641 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1965	3a. Date of Last Report: 04/26/1996
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 59-2895469 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

BOERGER, DONALD
2755 HARTFIELD
TALLAHASSEE FL

10. Name and Address of New Registered Agent

61 Name

62 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	DP	XX DELETE	1.1 TITLE	DP	☐ Change XX Addition
NAME	BOERGER, DONALD D		1.2 NAME	Ivester, Gerald W.	
STREET ADDRESS	2755 HARTSFIELD ROAD		1.3 STREET ADDRESS	2352 Vinkara Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	DS	XX DELETE	2.1 TITLE	DS	☐ Change XX Addition
NAME	GILMORE, DANIEL A		2.2 NAME	Hatcher, Jimmy L. Jr.	
STREET ADDRESS	4429 WIDGEOON WAY		2.3 STREET ADDRESS	5039 Hearthstone Ct.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEWITT, WAYNE D		3.2 NAME		
STREET ADDRESS	3102-A DIAN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change XX Addition
NAME			4.2 NAME	Davis Thurman K.	
STREET ADDRESS			4.3 STREET ADDRESS	1927 Gina Ln.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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PC 7.31

CR2E037 (4/97)

14. I do 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: W. Pewitt SIGNATURE REQUIRED Pewitt July 28, 1997 (850)385-4...