

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90045 034 ****61.25

DOCUMENT # 709509

1. Entity Name

**ASTORIA PARK CONGREGATION OF JEHOVAH'S WITNESSES
, INC.**

Principal Place of Business

Mailing Address

**2641 OLD BAINBRIDGE ROAD
TALLAHASSEE FL 32303**

**2641 OLD BAINBRIDGE ROAD
TALLAHASSEE FL 32303**

B0047135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2895469

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOERGER, DONALD
2755 HARTFIELD
TALLAHASSEE FL**

Name **DON ARMSTRONG**

Street Address (P.O. Box Number is Not Acceptable)
2212 BEECH DR.

City **TALLAHASSEE**

FL

Zip Code
32303

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.

SIGNATURE **DON ARMSTRONG** *Don Armstrong* **3/7/02**

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **IVESTER, GERALD W**
STREET ADDRESS **2352 VINKARA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DP** ☒ Change ☐ Addition
NAME **MARK SIMPSON**
STREET ADDRESS **1809 HOMEWOOD ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **DS** ☐ Delete
NAME **HATCHER, JIMMY L JR**
STREET ADDRESS **5039 HEARTHSTONE CT.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DS** ☒ Change ☐ Addition
NAME **GERALD W. IVESTER**
STREET ADDRESS **2352 VINKARA DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **DV** ☐ Delete
NAME **PEWITT, WAYNE D**
STREET ADDRESS **3102-A DIAN ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DV** ☒ Change ☐ Addition
NAME **JAMES BAKER**
STREET ADDRESS **2084 DARNELL CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☐ Delete
NAME **THURMAN, DAVIS K**
STREET ADDRESS **1927 GINA LN.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DT** ☒ Change ☐ Addition
NAME **WAYNE D. PEWITT**
STREET ADDRESS **3102-A DIAN ST**
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Gerald W. Ivester** *Gerald W Ivester* **3/6/02 (850) 386-8696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)