

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **709697** (7)

1. Corporation Name

EAU GALLIE FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business

Mailing Address

**1900 TRIMBEL ROAD
MELBOURNE FL 32934
US**

**930 MILLER LANE
MELBOURNE FL 32934
US**

3. Date Incorporated or Qualified
10/04/1965

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**

26 **SAME AS ABOVE**

4. FEI Number

70-9671510

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

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

☐ Yes ☐ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANN, DAVID O
930 MILLER LANE
MELBOURNE FL 32934**

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

David O. Vann

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **SPEIR, CHARLES**
STREET ADDRESS **3673 HARLOCK ROAD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **SD** ☐ DELETE

NAME **CHEATHAM, CHARLES**
STREET ADDRESS **730 WING FOOT LANE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** ☐ DELETE

NAME **VAN DAALEN, EMIL**
STREET ADDRESS **1900 TRIMBEL ROAD**
CITY-ST-ZIP **MELBOURNE, FL 00000**

TITLE **PD** ☐ DELETE

NAME **VANN, DAVID**
STREET ADDRESS **930 MILLER LANE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
COLMAN JULIO
726 RIDGE CLUB DR.
MELBOURNE, FL 32934

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
NEWQUIST MICHAEL
2240 CANTERBURY LN.
MELBOURNE, FL 32935

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

David O. Vann **DAVID O. VANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

407.259-4097

Daytime Phone #

CR2E037 (12/95)