

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 07, 2001 08:00 AM****Secretary of State****DOCUMENT # 709697****1. Entity Name****EAU GALLIE FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.****Principal Place of Business****Mailing Address**

1900 TRIMBLE RD.

1900 TRIMBLE RD.

MELBOURNE

32934

US

FL

MELBOURNE

32934

US

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**70-9671510**

Applied For

Not Applicable

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**VANN DAVID O
4471 COUNTRY ROAD

MELBOURNE

32934

US

FL

Name

HAYDOK ALEXANDER J

Street Address (P.O. Box Number is Not Acceptable)
2730 ALICIA LN**City**

MELBOURNE

FLZip Code
32935**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 ALEXANDER J. HAYDOK****01/07/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEVLIN JAMES		NAME	PUNDSACK GEORGE EDWARD		
STREET ADDRESS	1929 DAWN DR.		STREET ADDRESS	2857 SEBASTIAN LANE		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	MELBOURNE FL 32935		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANN DAVID		NAME	HAYDOK ALEXANDER J		
STREET ADDRESS	3673 HARLOCK RD.		STREET ADDRESS	2730 ALICIA LN		
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP	MELBOURNE FL 32935		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN DAALEN EMIL		NAME			
STREET ADDRESS	1900 TRIMBLE ROAD		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 00000 32934		CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHEATHAM CHARLES		NAME			
STREET ADDRESS	730 WING FOOT LANE		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDDY JORGE		NAME			
STREET ADDRESS	1472 HOLLAND STREET		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(f), 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: Alexander J Haydok****PD****01/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)