2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90002 037 ****61.25

DOCUMENT # 713425

1. Entity Name

BOYNTON BEACH FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

B0027714

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1512 N.E. 4TH STREET BOYNTON BEACH FL 33435	1512 N.E. 4TH STREET BOYNTON BEACH FL 33435

2. Principal Place of Business	3. Mailing Address
1500 NE 4th ST Suite, Apt. #, etc.	1500 NE 4th ST Suite, Apt. #, etc.
City & State: Boynton Bch Fl	City & State: Boynton Bch Fl
Zip: 33435 Country: Palm Bch	Zip: 33435 Country: Palm Bch

4. FEI Number: 59-1867454 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILK, GEORGE
4795 POSEIDON WAY
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: X George B Silk 1/27/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEMASTER, DARRYL 1214 OLD BOYNTON ROAD BOYNTON BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SILK, GEORGE 4795 POSEIDON WAY LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, TOMMY H 13013 JANICO BAY BOYNTON BCH FL 33436-2231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul Reynolds D 6167 Windlass Cir Boynton Bch Fl. 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

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.

X SIGNATURE REQUIRED

SIGNATURE: Darryl LeMaster 1-27-02 561 736 0147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #