

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-04-2005 90073 006 --61.25
713425

FILED

05 MAR 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E037 (10/04)

05

DOCUMENT # 713425

1. Entity Name
**BOYNTON BEACH FLORIDA CONGREGATION OF
JEHOVAH'S WITNESSES, INC.**



Principal Place of Business
**BOYNTON BCH, KINGGONTTE
1500 NE 4TH ST.
BOYNTON BEACH FL 33435**

Mailing Address
**13013 JANICO BAY
BOYNTON BEACH FL 33436**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
1214 Old Boynton Rd
Suite, Apt. #, etc.
City & State
Boynton Beach, FL
Zip
33426
Country
P.S.

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
**MARK ADLER
5513 COURTNEY CIR.
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent
Name
Darryl LeMaster
Street Address (P.O. Box Number is Not Acceptable)
1214 Old Boynton Rd.
City
Boynton Beach FL Zip Code
33426

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Darryl LeMaster** **2/17/05**
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
Due By May 1, 2005**

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

**Make Check Payable to
Florida 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & D Ed Carey 929 Chapel Hill Blvd Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADLER, MARK 5513 COURTNEY CIR. BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Murphy 13013 Janico Bay Boynton Beach, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, JAMES 122 SW 10TH ST. BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Darryl LeMaster (Darryl LeMaster)** **2/17/05** **561-369-0858**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #