

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719814** (6)

1. Corporation Name

**TARPON SPRINGS CONGREGATION OF JEHOVAH'S WITNESS
ES, INC.**

Principal Place of Business

Mailing Address

WITNESSES, INC
1209 E. OAKWOOD AVE.
TARPON SPRINGS FL 34689-5533
US

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1209 E. OAKWOOD AVE.
TARPON SPRINGS FL 34689-5533
US

3. Date Incorporated or Qualified

12/08/1970

4. FEI Number

59-2388477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**TYNER, EARL D.
882 ROYAL BIRKDALE DR.
TARPON SPRINGS FL 33589**

10. Name and Address of New Registered Agent

81 Name **DAVID ALAN TYNER**

82 Street Address (P.O. Box Number is Not Acceptable)

1219 E. TARPON AVE

83

84 City **TARPON SPRINGS FL**

85 Zip Code
34689

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

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

DAVID ALAN TYNER P.D. 8/13/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE

NAME **MCDANIEL, HARVEY N**

STREET ADDRESS **241 TERRACE RD**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **PD** ☒ DELETE

NAME **TYNER, EARL**

STREET ADDRESS **1219 E TARPON AVE.**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **ALEXANDER, ALBERT**

STREET ADDRESS **524 E. BOYER ST.**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **VD** ☐ DELETE

NAME **PFEIFER, LEONARD**

STREET ADDRESS **1620 TREASURE DRIVE**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **HUFSMITH, EMYLN SR.**

STREET ADDRESS **715 CHARLOTTE AVE**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ALAN TYNER 8/13/98 988-5597

Date

Daytime Phone #

CR2E037 (5/98)