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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719814

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **TYNER, DAVID**

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

83 **1219 E. TARPON AVE.**

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.

(NOTE: Registered Agent signature required when reinstating)

1/22/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **MCDANIEL, HARVEY N**
CITY-ST-ZIP **241 TERRACE RD**
TARPON SPRINGS FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TYNER, DAVID**
CITY-ST-ZIP **1219 E TARPON AVE.**
TARPON SPRINGS FL 34689

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ALEXANDER, ALBERT**
CITY-ST-ZIP **524 E. BOYER ST.**
TARPON SPRINGS FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **PFEIFER, LEONARD**
CITY-ST-ZIP **1620 TREASURE DRIVE**
TARPON SPRINGS FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HUFSMITH, EMYLN SR.**
CITY-ST-ZIP **715 CHAROLETTE AVE**
TARPON SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

727-938-5397
Daytime Phone #

CR2E037 (11/98)