

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719814

1. Entity Name

TARPON SPRINGS CONGREGATION OF JEHOVAH'S WITNESS

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90566 002 ****61.25

Principal Place of Business	Mailing Address
WITNESSES, INC 1209 E. OAKWOOD AVE. TARPON SPRINGS FL 34689-5533 US	WITNESSES, INC 1209 E. OAKWOOD AVE. TARPON SPRINGS FLA 34689-5533 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2388477	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TYNER, DAVID 1219 E TARPON AVE TARPON SPRINGS FL 33589		Name	
		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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, HARVEY N	NAME	
STREET ADDRESS	241 TERRACE RD	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, DAVID	NAME	
STREET ADDRESS	1219 E TARPON AVE.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ALBERT	NAME	
STREET ADDRESS	524 E. BOYER ST.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFER, LEONARD	NAME	
STREET ADDRESS	1620 TREASURE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFSMITH, EMYLN SR.	NAME	
STREET ADDRESS	715 CHAROLETTE AVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	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)(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:	SIGNATURE REQUIRED	DATE: 4/25/2000	DAYTIME PHONE: 727-928-5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	DAYTIME PHONE #

CR2E037 (9/99)