FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721258** **(2)**

1. Corporation Name

BELLEVIEW CONGREGATION OF JEHOVAH'S WITNESSES, I NC.

Principal Place of Business	Mailing Address
C/O JAMES WALLACE 16405 SE 90TH CT SUMMERFIELD FL 34491 US	C/O JAMES WALLACE 16405 SE 90TH CT SUMMERFIELD FL 34491 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1971
3a. Date of Last Report: 04/13/1994
4. FEI Number: 05-0040900 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PLANT, DAVID K.
12275 SE CO HWY 484
BELLEVIEW FL 32620

10. Name and Address of New Registered Agent

81 Name: John Jones
82 Street Address (P.O. Box Number is Not Acceptable): 14073 S.E. 93 AVE.
83
84 City: Summerfield FL. FL 85 Zip Code: 34491

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ JOHN P. JONES 4/12/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE, JAMES	12 NAME	100001491941
STREET ADDRESS	16405 SE 90TH CT	13 STREET ADDRESS	-05/17/95--01145--021
CITY-ST-ZIP	SUMMERFIELD FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MACMILLAN, THOMAS	22 NAME	
STREET ADDRESS	5805 SE BABB RD.	23 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	PLANT, DAVID	32 NAME	STD John Jones
STREET ADDRESS	12275 SE CO HWY 484	33 STREET ADDRESS	14073 S.E. 93 Ave.
CITY-ST-ZIP	BELLEVIEW FL	34 CITY-ST-ZIP	Summerfield FL. 34491
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James Wallace James Wallace April 12, 1995 1-904-245-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0085430