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Mar 27 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 # **737044** (8)

1. Corporation Name

THE DELTONA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

Mailing Address

**686 FT. SMITH BLVD.
DELTONA FL 32738
US**

**1169 MICHAEL AVENUE
DELTONA FL 32725**



2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, DAVID S.
669 ALEXANDER AVENUE
DELTONA FL 32725**

81 Name **DANIEL D. BARROS**

82 Street Address (P.O. Box Number is Not Acceptable)
1447 EDEN DRIVE

83

84 City **DELTONA**, **FL** **85** Zip Code **32725**

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

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

DANIEL D. BARROS S/T

2/10/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELLER, RALPH W., JR.	
STREET ADDRESS	1169 MICHAEL AVENUE	
CITY-ST-ZIP	DELTONA FL	

1.1 TITLE	P/D/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WELLER, RALPH W. JR.	
1.3 STREET ADDRESS	1169 MICHAEL AVENUE	
1.4 CITY-ST-ZIP	DELTONA, FL. 32738	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARROS, DANIEL D.	
STREET ADDRESS	1447 EDEN DR.	
CITY-ST-ZIP	DELTONA FL	

2.1 TITLE	S/T/D/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARROS, DANIEL D.	
2.3 STREET ADDRESS	1447 EDEN DRIVE	
2.4 CITY-ST-ZIP	DELTONA, FL 32725	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BULLIS, PHIL A.	
STREET ADDRESS	1879 NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL	

3.1 TITLE	D/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BULLIS, PHIL A.	
3.3 STREET ADDRESS	1879 NORMANDY BOULEVARD	
3.4 CITY-ST-ZIP	DELTONA, FL 32738	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Ralph W. Weller Jr.

RALPH W. WELLER JR. 2/10/98

(407)
860-2052

CR2E037 (10/97)