

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90052 025 ****61.25

DOCUMENT # 737044

1. Entity Name

THE DELTONA CONGREGATION OF JEHOVAH'S WITNESSES,

Principal Place of Business

686 FT. SMITH BLVD.
 DELTONA FL 32738
 US

Mailing Address

2871 WYMAN CT.
 DELTONA FL 32738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1711034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARROS, DANIEL D.
 1447 EDEN DRIVE
 DELTONA FL 32725

7. Name and Address of New Registered Agent

Name **PHILIP A. BULLIS**

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

1879 E. NORMANDY BLVD.

City **DELTONA**

FL

Zip Code

32725

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 *Philip A. Bullis*

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

(NOTE: Registered Agent signature required when reinstating)

1-30-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PDTR** ☐ Delete
 NAME **RAYMOND, SOUSA**
 STREET ADDRESS **2871 WYMAN CT.**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE **STDT** ☒ Delete
 NAME **BARROS, DANIEL D.**
 STREET ADDRESS **1447 EDEN DR.**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **DT** ☐ Delete
 NAME **BULLIS, PHIL A.**
 STREET ADDRESS **1879 NORMANDY BLVD**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STDT** ☒ Change ☐ Addition
 NAME **BRUCE SOUSA**
 STREET ADDRESS **412 WISTERIA CT.**
 CITY-ST-ZIP **DELTONA, FL 32738**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Philip A. Bullis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

407 574 7955

Date

Daytime Phone #

CR2E037 (10/00)