## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 737044** Entity Name THE DELTONA CONGREGATION OF JEHOVAH'S WITNESSES,

## **FILED** Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90156 041 \*\*\*\*61.25

INC.										
ncipal Place o	of Business	Mailing Addres	s							
FT. SMITH BLVD. TONA FL 32738			2871 WYMAN CT. DELTONA FL 32738					<b>-</b> -		1
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Principal Plac	e of Business	3. Mailing Addre	ess							
Suite, Apt. #, etc.  City & State		Suite, Apt. #	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		City & State	City & State		4. FE	4. FEI Number 59-1711034			Applied For Not Applical	
Zip	Country	Zip	Τ	Country	<b>5.</b> Ce		tatus Desired		\$8.75 Ad	ditional
	6. Name and Address of Cu	rrent Registered Agent		1	7. Na	me and Add	dress of New F		Fee Require	<b>∍a</b>
	o. Hame and Address of the	Treat registered Agent	r	Name	.,	and and Ad	areas or tress r	icgiotorou A		· ·
BULLIS, PHILI	ID			Street Ad	ddress (P.O. Bo	x Number is	Not Acceptable	e)		i
	ORMANDY BLVD									
eltona fl	32725			City					Zip Cod	de i
	N 20 1 10 11 1 1							<u>FL</u>		<del>!</del> -
The above na	med entity submits this statem	ent for the purpose of cha	anging its regi	stered office or	registered agei	nt, or both, ir	n the state of ≻lo	orida.		1
SNATURE	nature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Regi	jistered Agent signatu	ire required when rein	stating)		DATE		'
	nature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Reg	jistered Agent signatu	ire required when rein	stating)		DATE		
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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.

IGNATURE:

PATARON BURNER REPUBLISHED BULLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 407 5747955

Daytime Phone #