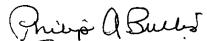
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Feb 21, 2003 8:00 am Secretary of State **DOCUMENT # 737044** 1. Entity Name 02-21-2003 90170 011 ****61.25 THE DELTONA CONGREGATION OF JEHOVAH'S WITNESSES. Principal Place of Business Mailing Address 686 FT. SMITH BLVD. 2871 WYMAN CT. **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address 2297 INDIA BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1711034 Applied For DELTONA, FL Not Applicat Zip Country Country 32738 \$8.75 Additional 5. Certificate of Status Desired П VOLUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BULLIS, PHILIP** Street Address (P.O. Box Number is Not Acceptable) 1879 EAST NORMANDY BLVD DELTONA FL 32725 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be GIEGHENFEELENG Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STOT STDT Eddie Kemp TITLE Delete TITLE ☐ Additi SOUSA, BRUCE NAME NAME 2297 India Blvd. **412 WISTERIA COURT** STREET ADDRESS STREET ADDRESS Deltona, Fl. 32738 CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP TITLE DT Delete TITLE Change ☐ Addit BULLIS, PHIL A. NAME NAME STREET ADDRESS 1879 NORMANDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** STDT TITLE Delete TITLE STDT Buford Lenard Change Addit NAME SOUSA, RAYMOND NAME 2327 India Blvd. STREET ADDRESS 2871 WYMAN COURT STREET ADDRESS Deltona, Fl. 32738 CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** STDT TITLE ☐ Defete ☐ Change Additi HUGGINS. CHRISTOPHER NAME NAME STREET ADDRESS 2250 CONWAY DRIVE STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS

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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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP



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