

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757106 (0)

1. Corporation Name
FORT LAUDERDALE ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business
**20850 GRIFFIN ROAD
FT LAUDERDALE FL 33332**

Mailing Address
**20850 GRIFFIN ROAD
FT LAUDERDALE FL 33332**

3. Date Incorporated or Qualified **04/01/1981** 3a. Date of Last Report **05/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2077287		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BREAUX, DON 1031 CUMBERLAND TERRACE DDAVIE FL 33325				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAUX, DON	1.2 NAME	
STREET ADDRESS	1031 CUMBERLAND TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DDAVIE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOUD, EDUARDO	2.2 NAME	
STREET ADDRESS	% 20850 GRIFFIN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, CECIL	3.2 NAME	
STREET ADDRESS	120 SW 33 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, RAYMOND L.	4.2 NAME	
STREET ADDRESS	3410 NW 196 LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCARELLA, JIMMY	5.2 NAME	
STREET ADDRESS	5703 SW 87TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: _____ DATE: **1/18/96** DAYTIME PHONE #: **305 328 7061**

CR2E037 (12/95)