SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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 WITNE
SSES, INC.

Principal Place of Business	Mailing Address
20850 GRIFFIN ROAD FT LAUDERDALE FL 33332	20850 GRIFFIN ROAD FT LAUDERDALE FL 33332

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1981	3a. Date of Last Report 01/24/1996

4. FEI Number 59-2077287	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 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 FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE		1.1 TITLE	☐ Change ☐ 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** ☐ DELETE		2.1 TITLE	☐ Change ☐ 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** ☐ DELETE		3.1 TITLE	☑ Change ☐ Addition
NAME **GOFF, CECIL**		3.2 NAME	*941 Tanglewood Cir*
STREET ADDRESS ~~199 SW 33 AVE~~		3.3 STREET ADDRESS	*Weston, FL 33327*
CITY-ST-ZIP ~~MIAMI FL~~		3.4 CITY-ST-ZIP	
TITLE **DS** ☐ DELETE		4.1 TITLE	☑ Change ☐ Addition
NAME **KNOWLES, RAYMOND L.**		4.2 NAME	*16268 N.W. 10th St*
STREET ADDRESS ~~3410 NW 186 LANE~~		4.3 STREET ADDRESS	*Pembroke Pines, FL 33028*
CITY-ST-ZIP ~~CAROL CITY FL~~		4.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		5.1 TITLE	☐ Change ☐ 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 ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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: _____ SIGNATURE REQUIRED