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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-2077287
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc. and City & State.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: BREUX, DON, 1031 CUMBERLAND TERRACE, DDAVIE FL 33325

10. Name and Address of New Registered Agent (81-85)

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 BREAUX, DON 1031 CUMBERLAND TERRACE DDAVIE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ABOUD, EDUARDO % 20850 GRIFFIN RD. FT. LAUDERDALE FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT GOFF, CECIL 941 TANGLEWOOD CIRCLE WESTON FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS KNOWLES, RAYMOND L. 16268 NW 10TH ST PEMBROKE PINES FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PASCARELLA, JIMMY 5702 SW 87TH AVE COOPER CITY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DS Black Lodge, GUY % 20850 Griffin Rd Ft. Lauderdale, FL 33332

D Pascarella, Jimmy 4445 S.W. 51 Ct Cooper City, FL 33020

14. 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 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: _____ PRESIDENT 1/22/98 9542709566

CR2E037 (10/97)