

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90175 032 ****61.25

DOCUMENT # 757106

1. Entity Name

FORT LAUDERDALE ASSEMBLY HALL OF JEHOVAH'S WITNE

Principal Place of Business

Mailing Address

20850 GRIFFIN ROAD
 FT LAUDERDALE FL 33332

20850 GRIFFIN ROAD
 FT LAUDERDALE FL 33332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2077287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREAUX, DON
1031 CUMBERLAND TERRACE
DDAVIE FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ Delete
 NAME **PD BREAUX, DON**
 STREET ADDRESS **1031 CUMBERLAND TERRACE**
 CITY-ST-ZIP **DDAVIE FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **D ABOUD, EDUARDO**
 STREET ADDRESS **% 20850 GRIFFIN RD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **DT GOFF, CECIL**
 STREET ADDRESS **941 TANGLEWOOD CIRCLE**
 CITY-ST-ZIP **WESTON FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **DS ARTURO, MONTES DE OCA**
 STREET ADDRESS **450 E 38TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **D PASCARELLA, JIMMY**
 STREET ADDRESS **4445 SW 51ST CT**
 CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE _____ Change Addition
 NAME **Jimmy PASCARELLA**
 STREET ADDRESS **13761 NW 23 ST**
 CITY-ST-ZIP **Pembroke PINES, 33028**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17, 2001 9542709566

Date

Daytime Phone #

CR2E037 (10/00)