

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90195 001 \*\*\*\*61.25

**DOCUMENT # 757106**



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

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BREAUX, DON**  
**1031 CUMBERLAND TERRACE**  
**DAVIE FL 33325**

**7. Name and Address of New Registered Agent**

Name **FELIX P. PADRON**  
Street Address (P.O. Box Number is Not Acceptable)  
**26 W. 50 ST**  
**HIALEAH, FL.**  
City **FL** Zip Code **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **FELIX P. PADRON - CHAIRMAN** DATE **3-22-03**  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BREAUX, DON	1031 CUMBERLAND TERRACE	DAVIE FL 33325	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ABOUD, EDUARDO	% 20850 GRIFFIN RD.	FT. LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
DT	GOFF, CECIL	941 TANGLEWOOD CIRCLE	WESTON FL 33328	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	ARTURO, MONTES DE OCA	450 E 38TH STREET	HIALEAH FL 33013	<input type="checkbox"/>	<input type="checkbox"/>
D	PASCARELLA, JIMMY	13701 NW 23 ST	PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	PADRON, FELIX	26 W 50 ST	HIALEAH, FL. 33012	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	ROBERTO LLAUONA	16461 SW 146CT	MIAMI, FL. 33177-1791	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WILLIAM TATUM	135 N. SHORE DR. APT. 4	MIAMI BEACH, FL. 33141-3922	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **Arturo Montes de Oca** DATE **3/22/03** DAYTIME PHONE # **305-835-6429**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)