

# 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 # 760312 (9)**

1. Corporation Name

**DELAND SPANISH CONGREGATION OF JEHOVAH'S WITNESS  
ES, INC.**



Principal Place of Business

Mailing Address

**2638 AINSWORTH AVE  
DELTONA FL 32738**

**2638 AINSWORTH AVE  
DELTONA FL 32738**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**GOMEZ, HERNANDO  
2638 AINSWORTH AVE  
DELTONA FL 32738**

3. Date Incorporated or Qualified

**10/05/1981**

3a. Date of Last Report

**04/07/1995**

4. FEI Number

**59-2659869**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**81** Name

**GOMEZ HERNANDO**

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

**408 FENWICK COURT**

**83**

**DEBARY, FLORIDA**

**32713**

**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

TITLE **DP** ☐ DELETE

NAME **HERNANDO GOMEZ**  
STREET ADDRESS **2688 AINSWORTH AVE**  
CITY-ST-ZIP **DELTONA FL**

TITLE **SD** ☐ DELETE

NAME **ROBERTO PINEIRO**  
STREET ADDRESS **2305 HOWLAND BLVD**  
CITY-ST-ZIP **DELTONA FL**

TITLE **TD** ☐ DELETE

NAME **MURIEL, EUGENIO**  
STREET ADDRESS **1779 MONTICELLO STREET**  
CITY-ST-ZIP **DELTONA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SAME** ☒ Change ☐ Addition

1.2 NAME **SAME**

1.3 STREET ADDRESS **408 FENWICK COURT**

1.4 CITY-ST-ZIP **DEBARY FL. 32713.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**HERNANDO GOMEZ**

**4/14/96**

**407 425 2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)