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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # 764177 (2)

1. Corporation Name

FOREST CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED

Principal Place of Business	Mailing Address
14575 NE 21ST ST L-100 SILVER SPRINGS FL 34488-3410 US	14575 NE 21ST ST L-100 SILVER SPRINGS FL 34488-3410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1982
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1992955 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

REEVES, ARNOLD
14575 NE 21ST ST
L-100
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, ARNOLD	1.2 NAME	
STREET ADDRESS	14575 NE 21ST ST., L-100	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	DACONTA, WARREN	2.2 NAME	
STREET ADDRESS	1650 S.E. 189TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, ROBERT	3.2 NAME	
STREET ADDRESS	10854 NE CNTY HWY 314	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, GLENN F.	4.2 NAME	
STREET ADDRESS	18750 S.E. 55TH PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, RICHARD D., SR	5.2 NAME	
STREET ADDRESS	13150 N.E. 1ST ST. RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ARDILES, HECTOR	6.2 NAME	
STREET ADDRESS	RT. 2, BOX 1364 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	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)(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: Glenn F. Moore Glenn F. Moore S/D Jan 26, 1995 (904) 625-1869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0088000