

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 # 764177 (2)

1. Corporation Name
FOREST CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED



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

3. Date Incorporated or Qualified: **07/16/1982**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-1992955**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REEVES, ARNOLD	
STREET ADDRESS	14575 NE 21ST ST., L-100	
CITY- ST- ZIP	SILVER SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DACONTA, WARREN	
STREET ADDRESS	1650 S.E. 189TH CT.	
CITY- ST- ZIP	SILVER SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOGAN, ROBERT	
STREET ADDRESS	10854 NE CNTY HWY 314	
CITY- ST- ZIP	SILVER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOORE, GLENN F.	
STREET ADDRESS	18750 S.E. 55TH PL.	
CITY- ST- ZIP	OCKLAWAHA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, RICHARD D., SR	
STREET ADDRESS	13150 N.E. 1ST ST. RD.	
CITY- ST- ZIP	SILVER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDILES, HECTOR	
STREET ADDRESS	RT. 2, BOX 1364 NA	
CITY- ST- ZIP	FT. MCCOY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Glenn F. Moore* **Glenn F. Moore S/D Feb/ 8, 1996 (352)625-1869**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)