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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764177 (2)

1. Corporation Name
**FOREST CONGREGATION OF JEHOVAH'S WITNESSES, INCO
 RPORATED**

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 34488-3407 US
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3. Date Incorporated or Qualified 07/16/1982	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 13150 NE 1st St.Rd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 13150 NE 1st St. Rd. Suite, Apt. #, etc. 27
City & State 23 Silver Springs, FL	City & State 28 Silver Springs, FL
Zip 24 34488	Country 25 US
Zip 29 34488	Country 30 US

4. FEI Number 59-1992955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Richard D. Cummings, Sr.
82 Street Address (P.O. Box Number is Not Acceptable) 13150 NE 1st St. Rd.
83
84 City Silver Springs, FL
85 Zip Code 34488

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 *Richard D. Cummings, Sr.* **Richard D. Cummings, Sr., President** **4-3-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when changing) 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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE TD	<input checked="" 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 PD	<input checked="" 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 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** **4-3-97** **(352)625-1869**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066141

CR2E037 (9/96)

FOREST CONGREGATION

OF JEHOVAH'S WITNESSES



IN THE OCALA NATIONAL FOREST

ADDITIONAL OFFICERS

D

Hogan II, James M.
2330 NE 14th St.
Ocala, FL 34470

D

Tackett, Paul W.
5320 SE 189th Terr.
Ocklawaha, FL 32179