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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, INCORPORATED



Principal Place of Business 13150 NE 1 ST RD SILVER SPRINGS FL 34488 US	Mailing Address 13150 NE 1 ST RD SILVER SPRINGS FL 34488 US
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3. Date Incorporated or Qualified 07/16/1982	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CUMMINGS, RICHARD D SR
13150 NE 1 ST RD
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
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	D	<input type="checkbox"/> DELETE
NAME	REEVES, ARNOLD	
STREET ADDRESS	14575 NE 21ST ST., L-100	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DACONTA, WARREN	
STREET ADDRESS	1850 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	PD	<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hogan II, James M.	
1.3 STREET ADDRESS	2330 NE 14th Street	
1.4 CITY-ST-ZIP	Ocala, FL 34470	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tackett, Paul W.	
3.3 STREET ADDRESS	5320 SE 189th Terr.	
3.4 CITY-ST-ZIP	Ocklawaha, FL 32179	
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 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 1-26-98 (352)625-1869

CR2E037 (10/97)