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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90075 005 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764177**

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

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/16/1982	4. FEI Number 59-1992955	Applied For 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	

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
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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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, ARNOLD 14575 NE 21ST ST., L-100 SILVER SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D JAMES M. HOGAN II 2230 N.E. 14 <sup>th</sup> ST OCALA, FL 34470-4710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DACONTA, WARREN 1650 S.E. 189TH CT. SILVER SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D PAUL W. TACKETT 5320 SE 189 <sup>th</sup> TERL. OKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOGAN, ROBERT 10854 NE CNTY HWY 314 SILVER SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<del>VD</del> <del>WARREN D. DACONTA</del> <del>1650 S.E. 189<sup>th</sup> CT</del> <del>SILVER SPRINGS FL 34488</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, GLENN F. 18750 S.E. 55TH PL. OKLAWAHA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/T/D WARREN D. DACONTA PO Box 700 SILVER SPRINGS, FL 34489-0700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINGS, RICHARD D., SR 13150 N.E. 1ST ST. RD. SILVER SPRINGS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDILES, HECTOR RT. 2, BOX 1364 NA FT. MCCOY FL	6.1 TITLE 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, with all other like empowered.

SIGNATURE: WARREN D. DACONTA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)