

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2000 08:00 AM
Secretary of State

DOCUMENT # 764177

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

Principal Place of Business 13150 NE 1 ST RD SILVER SPRINGS 34488 FL US	Mailing Address 13150 NE 1 ST RD SILVER SPRINGS 34488 FL US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-1992955	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
 CUMMINGS RICHARD D SR
 13150 NE 1 ST RD
 SILVER SPRINGS 34488 FL US

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE _____ DATE **01/23/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARDILES, HECTOR	
STREET ADDRESS	RT. 2, BOX 1364 NA	
CITY-ST-ZIP	FT. MCCOY 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	STD	<input type="checkbox"/> Delete
NAME	WARREN DACONDA D	
STREET ADDRESS	PO BOX 700	
CITY-ST-ZIP	SILVER SPRING FL 344890700	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOGAN, ROBERT	
STREET ADDRESS	10854 NE CNTY HWY 314	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TACKETT PAUL W	
STREET ADDRESS	2330 SE 189TH TERR	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN JAMES MII	
STREET ADDRESS	2330 NE 14TH ST	
CITY-ST-ZIP	OCALA FL 344704710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDILES HECTOR S	
STREET ADDRESS	1635 SE 185TH CT.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS RICHARD DSR.	
STREET ADDRESS	13150 N.E. 1ST ST. RD.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN DACONTA D	
STREET ADDRESS	PO BOX 700	
CITY-ST-ZIP	SILVER SPRING FL 344890700	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN ROBERT T	
STREET ADDRESS	10854 NE CNTY HWY 314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DANIEL W. DEES III DIRECTOR
17047 SE 95TH ST. RD.

OCKLAWAHA, FL 32179-4057

ARNOLD C. REEVES, SR. DIRECTOR
14575 NE 21ST ST C8-100

SILVER SPRINGS, FL 34488

RICHARD LANG DIRECTOR
14575 NE21ST ST. LOT 120

SILVER SPRINGS, FL 34488