

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90045 045 ****61.25

DOCUMENT # 764177

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1992955

Applied For

Not Applicable.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, RICHARD D SR
13150 NE.1 ST RD
SILVER SPRINGS FL 34488

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOGAN, ROBERT T	
STREET ADDRESS	10854 NE CNTY HWY 314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
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 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARDILES, HECTOR S	
STREET ADDRESS	1635 SE 185TH CT.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEES, DANIELS W III	
STREET ADDRESS	17047 SE 95TH ST RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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.

SIGNATURE:

DOMINIC P. DEWITT Feb 3, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-288-3856

Daytime Phone #

CR2E037 (9/01)