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04-05-1999 90030 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771195

1. Corporation Name

NORTH BRANDON FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED

Principal Place of Business	Mailing Address
% ROMERO. MANUEL A. 2918 FOREST CIRCLE SEFFNER FL 33584 US	% ROMERO. MANUEL A. 2918 FOREST CIRCLE SEFFNER FL 33584 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/14/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2345431 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROMERO, MANUEL A.
2918 FOREST CIRCLE
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROMERO, MANUEL A.		1.2 NAME		
STREET ADDRESS	2918 FOREST CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOUCOURT, MIGUEL A		2.2 NAME		
STREET ADDRESS	2208 RIDGEMORE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOVALAK, MICHAEL		3.2 NAME		
STREET ADDRESS	708 BRYAN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		3.4. CITY-ST-ZIP		
TITLE	AST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GIL, JOSE		4. 2 NAME		
STREET ADDRESS	2136 RED LEAF DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILO, JAVIER		5.2 NAME		
STREET ADDRESS	2606 OAKDALE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAZQUEZ, HERIBERTO		6.2 NAME		
STREET ADDRESS	PO BOX 426 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	SYDNEY FL		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: Manuel Romero MANUEL ROMERO 04/03/99 (813)651-0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(1.1/98).