2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90092 022 ****61.25

DOCUMENT # 771195

1. Entity Name

NORTH BRANDON FLORIDA CONGREGATION OF JEHOVAH'S

Principal Place of Business	Mailing Address
% ROMERO, MANUEL A. 2918 FOREST CIRCLE SEFFNER FL 33584 US	% ROMERO, MANUEL A. 2918 FOREST CIRCLE SEFFNER FL 33584-5771 US

A0049356

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1006 Lumsden Trace Cir.	1006 Lumsden Trace Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico FL	City & State: Valrico FL
Zip: 33594 Country: US	Zip: 33594 Country: US

4. FEI Number: 59-2345431 ☐ 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
ROMERO, MANUEL A. 2918 FOREST CIRCLE SEFFNER FL 33584	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROMERO, MANUEL A. 2918 FOREST CIRCLE SEFFNER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOUCOURT, MIGUEL A 2208 RIDGEMORE DR VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KOVALAK, MICHAEL 708 BRYAN RD BRANDON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST GIL, JOSE 2136 RED LEAF DR BRANDON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD MILO, JAVIER 2606 OAKDALE ST. SEFFNER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAZQUEZ, HERIBERTO PO BOX 426 N/A SYDNEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Manuel A Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #