2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90129 007 ****61.25

DOCUMENT # 771195

Entity Name

NORTH BRANDON FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
33 MCINTOSH ROAD OVER FL 33527 S	% ROMERO, MANUEL A. 1006 LUMSDEN TRACE CIRCLE VALRICO FL 33594 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 59-2345431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSEN, JONATHAN
4607 HUDSON OAKS LANE
DOVER FL 33527

7. Name and Address of New Registered Agent

Name JONATHAN HUDSON

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

City **FL** Zip Code

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 Jonathan Hudson 2/5/02

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	VD ROMERO, MANUEL A. 1006 LUMSDEN TRACE CIRCLE VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDSEN, JONATHAN D 4607 HUDSEN OAKS LANE DOVER FL 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JONATHAN D. HUDSON 4607 HUDSON OAKS LANE DOVER, FL 33527	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GIL, JOSE 1507 SUNNYHILLS DRIVE BRANDON FL 33510	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

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: Jonathan P. Hudson JONATHAN P. HUDSON 2/5/02 863-668-6135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #