2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 771195

1. Entity Name

NORTH SPANISH CONGREGATION OF JEHOVAH'S WITNESSE

S, BRANDON, FLORIDA, INC.									
DOVER FL 33527 US		Mailing Address % ROMERO. MANUEL A. 1006 LUMSDEN TRACE CIRCLE VALRICO FL 33594 US							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State				4. FEI Number 59-2345431 Applied For Not Applicable			
Zip	Country	Zip	Zip Cou		5. Certificate of Status De		atus Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent			
	The second secon			Name			and the second		_
HUDSON, JONATHAN 4607 HUDSON OAKS LANE				Street Add	Address (P.O. Box Number is Not Acceptable)				
DOVER F	L 33527		•						
1	<u>;</u>			City		•		FL Zip Coo	le
	named entity submits this statement for	the purpose of changing its	registere	ed office or re	egistere	ed agent, or both, in t	the State of Florid	la. I am familiar with,	and accept
the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Re				d Agent signature	required v	when reinstating)	2	18/03 DATE	
ı	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Check Payable Department of	
10.	OFFICERS AND DIR	ECTORS	11.		Α	DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROMERO, MANUEL A. 1006 LUMSDEN TRACE CIRCLE VALRICO FL 33594	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, JONATHAN D 4607 HUDSEN OAKS LANE DOVER FL 33527	□ Delete	TITLE NAME STRE	E	460	7 HUDSON	J OAKS	₩ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIL, JOSE 1507 SUNNYHILLS DRIVE BRANDON FL 33510	. □ Delete			*** = -	-		Change	☐ Addition
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	•	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2/18/03

☐ Change

Addition

FILED

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90166 024 ****61.25