7/17/2002-90142-03

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Sep 17, 2002 8:00 am
Secretary of State
07-17-2002 90142 037 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004740

1. Entity Name

LAKE MANGONIA CONGREGATION OF JEHOVAH'S WITNESSE S INC

Principal Place of Business	Mailing Address
351 WEST 13TH STREET RIVIERA BEACH FL 33404	351 WEST 13TH STREET RIVIERA BEACH FL 33404

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2545 WESTCHESTER DRIVE Suite, Apt. #, etc.
City & State	City & State: WEST PALM BEACH, FL
Zip / Country	Zip: 33407 / Country

4. FEI Number: 48-1270898 ☐ 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
ROLLE, JAMES E 2545 WESTCHESTER DRIVE WEST PALM BEACH FL 33407	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT JOHN P. HARRAWAY 3115 N. AUSTRALIAN AVE WEST PALM BEACH FLA 33407 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ELROY HORTON SR. 1210 PALM BCH LAKES BLVD # A7 WEST PALM BEACH FLA 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES ROLLE SECRETARY 2545 WESTCHESTER DRIVE WEST PALM BEACH FLA 33407 ☐ 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)

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: JOHN P. HARRAWAY SIGNATURE REQUIRED JOHN P. HARRAWAY 7-08-02 (561) 845-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #