

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004740

1. Entity Name
**LAKE MANGONIA CONGREGATION OF JEHOVAH'S
WITNESSES, INC.**



Principal Place of Business
**920 AVENUE U.
RIVIERA BEACH, FL 33404**

Mailing Address
**2545 WESTCHESTER DRIVE
WEST PALM BEACH, FL 33407**



04032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1270898	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLLE, JAMES E
2545 WESTCHESTER DRIVE
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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. 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: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRAWAY, JOHN P 3115 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HORTON SR, ELROY 1210 PALM BEACH LAKES BLVD #A7 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROLLE, JAMES 2545 WESTCHESTER DRIVE WEST PALM BEACH, FL 33407
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04/12/04-80108-009 70.00

**DO NOT WRITE
IN THIS SPACE**

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. Haraway **JOHN P. HARRAWAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-04 (561) 845-1363

Date

Daytime Phone #