**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## N03178 **DOCUMENT #**

1. Corporation Name

LEESBURG CONGREGATION OF JEHOVAH'S WITNESSES. IN

Principal Place of Business ESS CHARVEINE OD

Mailing Address

D O BOV 404405

## **FILED** Mar 11, 1999 8:00 am secretary of State

03-11-1999 90230 002 \*\*\*\*61.25



LEESBURG FL 34748				LEESBURG FL 34749										) <b>(198</b> )   198)   198)	
U\$				US						DIA DOLEN IIIDI HAL		(BA) BABA <b>a</b> hi	ili bibit bibi	I GIGHT BIBIL (DBI	
<del></del>		<del></del> -	1 A-	1 4 - 20 A 4				120	<del></del>	areted as Cuali	for al				
2. Principal Place of Business			$\vdash$	2a. Mailing Address					3. Date incorporated or Qualifed - 05/21/1984						
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					4. FEI Number					Applied For	
¬ ','				27					59-2387360				<b>⊢</b>	Not Applicable	
City & State				City & State										Additional	
<del>_</del> ' '			28	1 -				5. Ce	5. Certifcate of Status Desired					Fee Required	
Zíp Country			20	Zip Country				6 54	oction Co	masian Einanci	ina			0 May Be	
~—, ·	25			30			l l	6. Election Campaign Financing Trust Fund Contribution					Added to Fees		
24 25 9. Name and Address of Current F								10. Name and Address of New Registered Agent							
						81	Name								
COOTT DOLLOUAGE				SC SC			OTT DOUGLAS E.								
SCOTT, DOUGLAS E				82 Street Add 10344			ress (P.O. Box Number is Not Acceptable) Joanies Run								
2105 W. MAIN STREET				92											
LEESBURG FL 34748								urg,	F1.	34788					
						84	City	T.O.D. 71	·			FL	1 1	p Code	
11 Dureuant	to the provisions of	of Sections 617 0502	and 6	17.1508, Florida Statu	tes the a	hove-	named com	ESBUI	thmits this	statement for	the p		changing	ts registered	
office or r	edistered agent, o	r both, in the State of	f Florid	da. Such change was a	authorized	d by th	ne corporati	ion's board	of direct	ors. I hereby a	ccept	the appoir	ntment as	registered	
agent. i a	<i>(</i> ) .			, Section 617.0503, Flo	orida Stati	utes.						10	00		
SIGNATURE	Slanding broad aging	ed name of registered agent		if applicable (NOT	F: Registered	d Agent s	signature regulre	ed when reinst	ating)	MARCH	رد	DATE	7.7_		
12.	Signature, typeday primi	OFFICERS AND	~		13.		organista red			CHANGES TO	OFFI	CERS AN	D DIREC	TORS IN 12	
TITLE	PD			DELETE	1.1 7	TLE							Chang	e Addition	
NAME	BROWN, RICH	HARD JIR			1.2 N	AME	}								
STREET ADDRESS	2000 1115						ODRESS								
CITY-ST-ZIP	LEESBURG FL 34748						4 CITY-ST-ZIP								
TITLE	D.			☐ DELETE	2.1 TI		<u> </u>		<del></del>		,		Chang	e Addition	
NAME	PELLEGRINO. LOUIS				AME										
STREET ADDRESS	*** ****			E'			DODESS					~		ļ	
	LEESBURG FL				- 1	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP									
CITY-ST-ZIP	D LEESBURG FL						· 4P			· <del></del> ··			Chang	e Addition	
		21 A C		C 2-4-1	3.1 TI										
NAME	SCOTT, DOUGLAS   10344 JOANIES RUN			1			3.2 NAME 3.3 STREET ADDRESS							ļ	
STREET ADDRESS	1 FEORUSO EL 04700														
CITY-ST-ZIP	VD	L 34100		☐ DELETE	3.4. C	TY-ST-	ZIP						Chang	e Addition	
TITLE		DENICE		- VELETE											
NAME	ARCHIE, CLARENCE						4. 2 NAME								
STREET ADDRESS	ss 724 W. ALFRED ST. TAVARES FL 32778			i			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			•				ł	
CITY-ST-ZIP		32//8		☐ DELETE			ZIP						Chang	e Addition	
TITLE	STD CRANDALL E	:DWARM		☐ pereie	5.1 Π 5.2 N										
NAME	CRANDALL, E						, DDDCCC								
STREET ADDRESS	1021 DUNDEE						DORESS							Į	
CITY-ST-ZIP	LEESBURG FL	L 34/88		<del></del>		TY-ST-	ZIP						<b>-</b>		
TITLE	D .	a mar a a 186		☐ DELETE	6.1 TI								Chang	e 🔲 Addition	
NAME .	BRAKSICK, MA				6.2 N				•	¥					
STREET ADDRESS	10130 MISTI F				6.3 \$1	TREET A	ADDRESS							Ì	
CITY-ST-ZIP	LEESBURG FL					ITY-ST-	1						<u> </u>		
14 I boroby	tife , the at the - index	marian augolical with	thin fi	iling done not qualify fo	e the eve	metici	n ototod in t	Section 11	0.07/3\/i\	Florida Statut	e I fe	urthor ood	life, that the	a information	

Increase conting 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 informationated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.