


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N04981** (9)

1. Corporation Name

WEST HIALEAH CONGREGATIONS OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

Mailing Address

HOWISON, JONATHAN
4357 W. 11TH LANE
HIALEAH FL 33012
US

MARIO A. SEVILLA
P.O. BOX 11164
HIALEAH FL 33011
US

3. Date Incorporated or Qualified
09/05/1984

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0123253

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWISON, JONATHAN W
4357 W. 11TH LANE
HIALEAH FL 33012

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-----------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ABOUD, EMILIO | |
| STREET ADDRESS | 4351 W 11TH LANE | |
| CITY - ST - ZIP | HIALEAH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SEVILLA, MARIO | |
| STREET ADDRESS | 1355 OKEECHOBEE ROAD | |
| CITY - ST - ZIP | HIALEAH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | COLL, ARMANDO | |
| STREET ADDRESS | 1361 WEST 37TH. ST. | |
| CITY - ST - ZIP | HIALEAH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PENA, ANTONIO | |
| STREET ADDRESS | 3411 NW 101 ST. | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ARGUDIN, DOMINGO | |
| STREET ADDRESS | 575 W. 69 STREET, APT. 110 | |
| CITY - ST - ZIP | HIALEAH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SD |
| 2.3 STREET ADDRESS | SEVILLA, MARIO A. |
| 2.4 CITY - ST - ZIP | 512 W. 16TH ST. |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | HIALEAH, FL. 33010 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4-20-97 (305) 558-2061

CR2E037 (9/96)