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

FILED Jun 02, 2003 8:00 am Secretary of State 05-05-2003 90153 018 ****70.00

DOCUMENT # N04981 1. Entity Name WEST HIALEAH CONGREGATIONS OF JEHOVAH'S WITNESS S, INC.			SE				1		
Principal Plac	ce of Business	Mailing Address							
HOWISON, JO 4357 W. 11TH		MARIO A. SEVILLA PO BOX 111164			{	5504556	9		
HIALEAH FL 33012		HIALEAH FL 33011 US							
	Place of Business	3. Mailing Address	 -						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 65-0123253 Applied For Not Applied		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of S	itatus Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent		ame.	7. Name and Add	dress of New Regis	stered Agent		
HOWISON, JONATHAN WAS 4357 W. 11TH LANE			_	Name Street Address (P.O. Box Number is Not Acceptable)					
1	I FL 33012								
f				ity			FL Zio Co	de .	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered of	fice or register	ed agent, or both, in	the State of Florida	; - - 1	, and accept	
the obligat	ilions of registered agent.			_			•		
SIGNATURE	Signature, typed or printed name of registered agent				<u></u>		<u>.</u>		
	sufficient When or burier near or self-armen effect	and title if applicable. (NOTE	: Registered Age	nt signature required	when reinstating)		DATE		
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Finan		\$5.00 May Be Added to Fees		Check Payable Department of		
10.	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	npaign Finan ontribution.	cing []	\$5.00 May Be	Florida E	Check Payable Department of	State N 10	
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Finan ontribution.	cing []	\$5.00 May Be Added to Fees	Florida E	Check Payable Department of	State	
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12. It 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: