

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12638 (5)

1. Corporation Name

DELTONA NORTH CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business

135 PENNSYLVANIA AVE
LAKE HELEN FL 39744

Mailing Address

135 PENNSYLVANIA AVE
LAKE HELEN FL 39744

3. Date Incorporated or Qualified

12/19/1985

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JERRY FRYE
135 PENNSYLVANIA AVE
LAKE HELEN FL 39744

4. FEI Number

59-2382513

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME JERRY FRYE
STREET ADDRESS 135 PENNSYLVANIA AVE
CITY-ST-ZIP LAKE HELEN FL

TITLE SD ☐ DELETE

NAME JOSEPH JACKSON
STREET ADDRESS 1922 E. COOPER DR.
CITY-ST-ZIP DELTONA FL

TITLE D ☒ DELETE

NAME RON STACKWELL
STREET ADDRESS 1240 INDIAN ROCK CT
CITY-ST-ZIP DELTONA FL

TITLE D ☒ DELETE

NAME D. PAUL ADRIAN
STREET ADDRESS 2085 KELSO AVE
CITY-ST-ZIP DELTONA FL

TITLE D ☐ DELETE

NAME GRUBBS, CECIL
STREET ADDRESS 970 S. ATMORE CIRCLE
CITY-ST-ZIP DELTONA FL

TITLE D ☒ DELETE

NAME KEMP, WILLIAM
STREET ADDRESS 1983 S. OLD MILL RD
CITY-ST-ZIP DELTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ROBERT MOSHER
1317 MERRIFIELD AVE.
DELTONA, FL 32725

D WILBERT RANGER
1258 CATALINA BLVD.
DELTONA, FL 32725

D ELSTON OTTOSEN
2649 TREEHAVEN DR.
DELTONA, FL 32738

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JERRY L. FRYE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)