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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N12638** (5)

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 32744**

3. Date Incorporated or Qualified 12/19/1985	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2382513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 25	Country 30

9. Name and Address of Current Registered Agent

**JERRY FRYE
135 PENNSYLVANIA AVE
LAKE HELEN FL 39744**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY FRYE	1.2 NAME	
STREET ADDRESS	135 PENNSYLVANIA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE HELEN FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH JACKSON	2.2 NAME	
STREET ADDRESS	1922 E. COOPER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, ROBERT	3.2 NAME	
STREET ADDRESS	1317 MERRIFIELD AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANGER, WILBERT	4.2 NAME	
STREET ADDRESS	1258 CATALINA BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, CECIL	5.2 NAME	FRANCIS WILDRED
STREET ADDRESS	970 S. ATMORE CIRCLE	5.3 STREET ADDRESS	2607 COLLINGSWOOD PR.
CITY - ST - ZIP	DELTONA FL	5.4 CITY - ST - ZIP	DELTONA, FL 32738
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTOSEN, ELSTON	6.2 NAME	
STREET ADDRESS	2649 TREEHAVEN DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	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: Jerry L. Frye 3-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076800

CR2E037 (9/96)