

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12638

1. Entity Name

DELTONA NORTH CONGREGATION OF JEHOVAH'S WITNESSE

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90003 030 ****61.25

Principal Place of Business

Mailing Address

135 PENNSYLVANIA AVE
LAKE HELEN FL 39744

135 PENNSYLVANIA AVE
LAKE HELEN FL 32744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2382513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JERRY FRYE
135 PENNSYLVANIA AVE
LAKE HELEN FL 39744

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JERRY FRYE
STREET ADDRESS 135 PENNSYLVANIA AVE
CITY-ST-ZIP LAKE HELEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOSHER, ROBERT
STREET ADDRESS 1317 MERRIFIELD AVE
CITY-ST-ZIP DELTONA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RANGER, WILBERT
STREET ADDRESS 1258 CATALINA BLVD
CITY-ST-ZIP DELTONA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILDRED, FRANCIS
STREET ADDRESS 2607 COLLINGSWORTH DR
CITY-ST-ZIP DELTONA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OTTOSEN, ELSTON
STREET ADDRESS 2649 TREEHAVEN DR
CITY-ST-ZIP DELTONA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00 704 228-2052

CR2E037 (9/99)