FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16552

1. Corporation Name

(4)

THE TAMPA, FLORIDA UNIVERSITY CONGREGATION OF JE HOVAH'S WITNESSES, INC.

						##
Principal Place of Business Mailing Address					1 152(178) 92) 11818 31(3) 87(4) 81(4)	0 (0) 9 / 1 1 1 1 1 1 1 1 1 1
11730 NORTH OLA AVENUE		2538 LAKE ELLEN CIR.				
TAMPA FL 3361.	2	TAMPA FL 33618-3222 US				
		03			3. Date Incorporated or Qualified 08/28/1986	3a. Date of Last Report 02/16/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2384408	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for it	ntangible tax under s. 199.032,
24	9. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New Reg	Yes X No
	9. Name and Address of Cutter	ir vedisteren våenr	81	Name	10. Haille alla Address of New He	Jistoleo Agent
BADVED	MAMES			1101110		
BARKER, JAMES 10806 LEO STREET			82 Street Add		dress (P.O. Box Number is Not Acceptab	le)
TAMPA F			83			
IAMPA	L 33012					
			84	City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above	a-named co	rporation submits this statement for the p	urpose of changing its registered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Flo	utnorized by rida Statutes	the corpor s.	ration's board of directors. I hereby accept	t the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·		nt signature rec	quired when reinstating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DP Barker, James	☐ DELETE	1.1 TITLE			Change Addition
NAME	10806 LEO STREET		1.2 NAME			
STREET ADDRESS	TAMPA FL		1.3 STREET			
CITY-ST-ZIP TITLE	DS	☐ DELETE	1.4 CITY - S 2.1 TITLE	1 - ZIP		Change Addition
NAME	PERRY, NORMAN H	<u></u>	2.2 NAME			
STREET ADDRESS	OFFICE AND FILEN CIPCIE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	TANADA FI		2.4 CITY-5			
TITLE			3.1 TITLE	71 211		Change Addition
NAME	MADISON, ROBERT					• —
STREET ADDRESS	814 E. 130TH AVE.	A \ 70°		ADDRESS		
CITY-ST-ZIP	TAMPA FL	AADA PI		ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DÉLÉTE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	T-21P		

14. I do hereby certify that the information supplied with this filling 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.