

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N16552

1. Entity Name
**THE TAMPA, FLORIDA UNIVERSITY CONGREGATION
OF JEHOVAH'S WITNESSES, INC.**



Principal Place of Business
**11730 NORTH OLA AVENUE
TAMPA, FL 33612**

Mailing Address
**2538 LAKE ELLEN CIR.
TAMPA, FL 33618 US**



01112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2384408

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARKER, JAMES
10806 LEO STREET
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BARKER, JAMES
10806 LEO STREET
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
PERRY, NORMAN H..
2538 LAKE ELLEN CIRCLE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAILEY, CLYDE
23 TOWERY TR
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000021201
01/29/04-80097-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman H. Perry **NORMAN H. PERRY** 1-23-2004 813 - 961-0642