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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21852 (1)

1. Corporation Name

DELRAY BEACH, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business

**2542 DORSON WAY
DELRAY BEACH FL 33445**

Mailing Address

**2542 DORSON WAY
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified
08/03/1987

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 12900 BARWICK RD.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 DELRAY BEACH, FL 33445

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRITT, GEORGE
5475 COURTNEY CIRCLE
BOYNTON BEACH FL 33437**

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **WALKER, EDDIE**
STREET ADDRESS **521 SNAPPER WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ DELETE

NAME **GERLACH, RALPH V.**
STREET ADDRESS **1050 DOTTEREL RD. #314-3**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **SD** ☐ DELETE

NAME **MURRAY, JAMES JR.**
STREET ADDRESS **2542 DORSON WAY**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **PD** ☐ DELETE

NAME **DAVIS, HERBERT**
STREET ADDRESS **338 NW 5TH AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ DELETE

NAME **MORRITT, GEORGE**
STREET ADDRESS **5475 COURTNEY CIR**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **VD** ☐ DELETE

NAME **YOUNG, JACK**
STREET ADDRESS **P.O. BOX 216 NA**
CITY-ST-ZIP **DELRAY BEACH FL 33447-0216**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

James Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 (407) 276-7524

Date

Daytime Phone #

CR2E037 (12/95)