FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # N21852 (1)

1. Corporation Name

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

Principal Place of Business	Mailing Address
12900 BARWICK RD DELRAY BEACH FL 33445 US	James Murray Jr 2542 DORSON WAY DELRAY BCH FL 33445 US

3. Date Incorporated or Qualified: 08/03/1987

4. FEI Number: 65-0046258 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 see above	26 same as above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Be. FL.	City & State 28
Zip / Country 24 33445 / 25 Palm Bc.	Zip / Country 29 / 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRITT, GEORGE (NEW ADDRESS)
5475 COURTNEY CIRCLE 303 Gulfstream Dr.
BOYNTON BEACH FL 33437 Delray Be., FL. 33444

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, EDDIE		1.2 NAME		
STREET ADDRESS	521 SNAPPER WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GERLACH, RALPH V.		2.2 NAME		
STREET ADDRESS	1050 DOTTEREL RD. #314-3		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, JAMES JR.		3.2 NAME		
STREET ADDRESS	2542 DORSON WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, HERBERT		4.2 NAME		
STREET ADDRESS	338 NW 5TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRITT, GEORGE		5.2 NAME		
STREET ADDRESS	5475 COURTNEY CIR 303 Gulfstream Dr		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL Delray Be. FL. 33444		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OSMAN, RODGER		6.2 NAME		
STREET ADDRESS	P.O. BOX 216 NA		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] 1/2/98