

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26468** (1)
1. Corporation Name

WEST MIRAMAR CONGREGATION OF JEHOVAHS WITNESSES, INC.



Principal Place of Business: **9320 ASHLEY DRIVE MIRAMAR FL 33025**
Mailing Address: **9320 ASHLEY DRIVE MIRAMAR FL 33025**

3. Date Incorporated or Qualified: **05/17/1988**
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business
21 **1821 SW 97 Ave**
22 Suite, Apt. #, etc.
23 **Miramar, FL**
24 **33025** 25 **USA**
2a. Mailing Address
26 **970 SW 95 Terr**
27 Suite, Apt. #, etc.
28 **Pembroke Pines, FL**
29 **33025** 30 **USA**

4. FEI Number: **65-0048792**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
RAMIREZ, FREDERICK J.
6444 PEMBROKE ROAD
MIRAMAR FL 33023

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLAZE, ARTHUR	
STREET ADDRESS	9320 ASHLEY DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRISON, G. SCOTT	
STREET ADDRESS	2121 ARCADIA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JAMES, CLARENCE	
STREET ADDRESS	970 SW 95 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, CONNIE	
STREET ADDRESS	3405 S. TURF ROAD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, GARY	
STREET ADDRESS	3231 CRYSTAL WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mascenik, Paul	
1.3 STREET ADDRESS	6539 SW 19 ST	
1.4 CITY-ST-ZIP	Miramar, FL 33023	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Muse, Harold	
2.3 STREET ADDRESS	931 SW 88 Ave	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James, Clarence	
3.3 STREET ADDRESS	970 SW 95 Terr	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, Prince	
4.3 STREET ADDRESS	9591 SW 9 CT	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date: **5/15/96** Daytime Phone #: **954-963-2606**

CR2E037 (12/95)