

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 02, 1999 8:00 am**  
**Secretary of State**

09-02-1999 90006 026 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N26468**

1. Corporation Name

**WEST MIRAMAR CONGREGATION OF JEHOVAHS WITNESSES, INC.**

Principal Place of Business

1821 SW 97 AVE  
 MIRAMAR FL 33025  
 US

Mailing Address

970 SW 95 TERR  
 PEMBROKE PINES FL 33025  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

05/17/1988

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME: RICHARDSON, JOHN  
 STREET ADDRESS: 1001 SW 95 TER  
 CITY-ST-ZIP: PEMBROKE PINES FL 33025

TITLE  DELETE

NAME: LANE, TONY  
 STREET ADDRESS: 61 WHITEHEAD CIRCLE  
 CITY-ST-ZIP: FT LAUDERDALE FL 33326

TITLE  DELETE

NAME: JAMES, CLARENCE  
 STREET ADDRESS: 970 SW 95 AVE.  
 CITY-ST-ZIP: PEMBROKE PINES FL

TITLE  DELETE

NAME: MILLER, PRINCE  
 STREET ADDRESS: 9591 SW 9 CT  
 CITY-ST-ZIP: PEMBROKE PINES FL

TITLE  DELETE

NAME: MUSE, HAROLD  
 STREET ADDRESS: 921 SW 88 AVE  
 CITY-ST-ZIP: PEMBROKE PINES FL

TITLE  DELETE

NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

NAME: WRIGHT, RAYMOND  
 STREET ADDRESS: 1070 NW 189 AVE  
 CITY-ST-ZIP: PEMBROKE PINES FL 33029

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*John Richardson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-99  
 Date

(954) 438-6532  
 Daytime Phone #

CR2E037 (5/99)

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