

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90453 014 ****61.25

DOCUMENT # N26468

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1001 SW 95 TERRACE Suite, Apt. #, etc.
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City & State PEMBROKE PINES, FL	4. FEI Number 65-0048792	Applied For Not Applicable
Zip 33025	Country BROWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WILLIAMS, TREVOR
9760 SW 13 STREET
PEMBROKE PINES FL 33025-3666

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOHN 1001 SW 95 TER PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, CLARENCE 970 SW 95 AVE. PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDRAM, STANFORD 3396 FOXCROFT ROAD #203 MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, KENNETH 7301 RAMONA STREET MIRAMAR FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, TREVOR 9760 SW 13 STREET PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, MILES 13492 S W 26 ST MIRAMAR FL 33027 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARDSON, JOHN 1001 SW 95 TER PEMBROKE PINES, FL. 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PALMER, DAVID 2264 SW 119 AVE MIRAMAR, FL. 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROWAN, HERRICK 8911 ANDORA DRIVE MIRAMAR, FL. 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JARMAN, PETER 9600 SW 11 STREET PEMBROKE PINES, FL. 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLEY, ARTIE 15264 SW 43 CT MIRAMAR, FL. 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John P. Richardson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 6/20/02 Daytime Phone #: (954) 438-6532

CR2E037 (9/01)