

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N29131** (2)

95 JAN 23 AM 9:13

1. Corporation Name  
**PEMBROKE PINES CONGREGATION OF JEHOVAH'S WITNESS  
ES, INC.**

Principal Place of Business Mailing Address  
C/O LARRY ANDERSON 7230 FARRAGUT ST.  
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/04/1988** 3a. Date of Last Report **02/09/1994**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  \$8.75 Additional Fee Required

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No **RELI GROSS**

24 25 29 30

9. Name and Address of Current Registered Agent

**AGOSTA, MANUEL O.  
7230 FARRAGUT ST.  
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

81 Name **LARRY ANDERSON**  
82 Street Address (P.O. Box Number is Not Acceptable) **7230 FARRAGUT ST**  
83  
84 City **HOLLYWOOD** FL 85 Zip Code **33024**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.005, Florida Statutes.

SIGNATURE *Larry Anderson*

*Jan 15, 1995*

Signature and printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **CHARLES, TED**  
STREET ADDRESS **7230 FARRAGUT STREET**  
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD**  
NAME **WHITE, MELVIN**  
STREET ADDRESS **7230 FARRAGUT ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE **SD-VPP VD**  Change  Addition  
2.2 NAME **DIGLORIA, FRANK**  
2.3 STREET ADDRESS **7230 FARRAGUT ST**  
2.4 CITY-ST-ZIP **HOLLYWOOD, FL**

TITLE **D**  
NAME **ANDERSON, LARRY**  
STREET ADDRESS **7230 FARRAGUT ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

3.1 TITLE **SD**  Change  Addition  
3.2 NAME **MOSAKU, MICHAEL**  
3.3 STREET ADDRESS **7230 FARRAGUT ST**  
3.4 CITY-ST-ZIP **HOLLYWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Mosaku*

**MICHAEL MOSAKU**

*1/15/95*

*827-402-8951  
(305) 783-4142*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)