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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N29131

(2)

Corporation Name
WEST HOLLY COD
PEMBROKE PINES CONGREGATION OF JEHOVAH'S WITNESS
ES. INC.

| ES, INC. | | | | | | | | | | |
|-----------------------------|--|---|-----------------|--------------------|--------------------|--|-------------------|-------------------------------|------------------|-----------------|
| Principal Place of Business | | Mailing Address | | | | I CORINIAN DIA WANTE NOWAN INTORE HINDI MI | | | OLDIN DIĞİN HƏQI | |
| C/O LARRY ANDERSON | | C/O LARRY ANDERSON | | | | | | | | |
| 7230 FARRAG | | 7230 FARRAGUT ST. HOLLYWOOD FL 33024 | | | | | | | | |
| HOLLINOOD | 112 33027 | HOLLIHOOD IL SOLET | | | | 3. Date Incorporated or Qualified | 3a. Date of | | . ' |] |
| O. Delasion D | and of Divisions | On Mailing Address | | | | 11/04/1988 4. FEI Number | U1/6 | 23/18 | | ┨ |
| 2. Principal F1. 21 | ace of Business | 2a. Mailing Address | | | | NOT APPLICABLE | | Applied For Not Applicable | | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | | | | \$8.75 Additional | | | 1 |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Required | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| 23 Zip | Country | Zip Count | | | ····· | nost ruid Compation - Added to | | | | ┥ |
| 24 | 25 | 29 | 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | 199.032, | |
| | 9. Name and Address of Curren | | 11 | | | 10. Name and Address of New Reg | $ \lambda$ | nt | | 1 |
| | • | | | 81 | Name | | | | |] |
| | ON, LARRY | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | • | 1 |
| | rragut st | | | | | | | | | 4 |
| HOLLYW | /OOD FL 33024 | | | 83 | | | | | | |
| | | | | 84 | City | | FL 8 | 5 Ziç | Code | 7 |
| 11. Pursuant t | to the provisions of Sections 617.0502 | and 617.1508, Florida Statutes | s, the abo | Ve-na | amed corpora | ation submits this statement for the purpo | se of changin | gits re | egistered office | 7 |
| or register familiar wi | red agent, or both, in the State of Florid th, and accept the obligations of, Secti | la. Such change was authorize on 617.0503, Florida Statutes. | d by the d | corpo | ration's board | d of directors. I hereby accept the appoin | tment as regis | stered | agent. I am | |
| SIGNATURE | - · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | Signature, typed or printed name of registered agent | | | Agent | signature required | | DATE | | | ্র |
| 12. | OFFICERS AND | D DIRECTORS | 13. 11 TITLE | | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIR | | RS IN 12 | CR2E037 (12/95) |
| TITLE | PD TED | | | | | | | Milye | ☐ vaquiigii | 5 |
| NAME | CHARLES, TED | | 12 N | | | | | | | 18 |
| STREET ADDRESS | 7230 FARRAGUT STREET | | | 1.3 STREET ADDRESS | | | | | | Z. |
| CHTY - ST - ZIP | HOLLYWOOD FL | DELETE | 14 C | ITY-ST | - 719 | ************************************** | □ Cr | 2000 | Addition | ⊣હ |
| TITLE | VD | Liberteit | | | | | | ындс | Addition | - |
| NAME | DIGLORIA, FRANK | | 22 N | | oppress. | | | | | |
| STREET ADDRESS | 7230 FARRAGUT STREET | | 2.3 STREE | | ı | | | | | |
| CITY-S1-ZIP TITLE | HOLLYWOOD FL SD | DELETE | 31 Ti | ITY-ST | - 2112 | | □ Cr | iange | Addition | ┥ |
| NAME | MOSAKU, MICHAEL | | 32 N | | | | | • | _ | |
| SIREET ADDRESS | 7230 FARRAGUT ST. | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | HY-ST | | | | | | |
| TITLE | | DELETE | 41 TI | | | | ☐ Ch | ange | ☐ Addition | 1 |
| NAME | | | 4 2 N | IAMÉ | | | | | | 1 |
| STREET ADDRESS | | | 435 | TREET A | ADDAESS . | | | | | |
| CITY-ST-ZIP | | | 1 | ITY-ST | | 60000174 | 4296 | - | | |
| TITLE | | DELETE | 51 TI | ~~~~ | | <u>60000174</u> -03/15/960102 | 3022 | ange | ☐ Addition | 1 |
| NAME | | | 5 2 N | AME | | ***61.25 | 060 | | | |
| STREET ADDRESS | | | 5 3 STREE | | LODRESS | | | | | |
| CITY-ST-ZIP | | | 54 C | ITY-ST | -ZIP | | | | | |
| TITLE | | DELETE | 61 TI | | | | Cr | ange | Addition | 1 |
| NAME | | | 62 N | AME | ŀ | | | | | |
| STREET ADDRESS | | | 6351 | TREET A | IDDAESS | | | | | |
| CITY-ST-ZIP | | | 1 | ITY-ST | | | | | | |

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 eath; 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:

MCSAKU 3/1/96

18.402-8951 BES 983 4142 402-8951 BEEL

SIGNATURE:-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR