FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N29131

(2)

WEST HOLLYWOOD CONGREGATION OF JEHOVAH'S WITNESS ES. INC.

20,	•								
Principal Place	e of Business	Mailing Add	Iress	•			OL OTORE ALDIT OLSTE OTSUI		
C/O LARRY ANDERSON 7230 FARRAGUT ST. HOLLYWOOD FL 33024		C/O LARRY ANDERSON 7230 FARRAGUT ST. HOLLYWOOD FL 33024-2758				Date Incorporated or Qualified	3a. Date of Last	Renort	
						11/04/1988	03/14/1	996	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	<u>, , , , , , , , , , , , , , , , , , , </u>	Applied For	
21		26			<u>.</u>	NOT APPLICABLE	(Not Applicable		
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	tificate of Status Desired See Required \$8.75 Additional		
City & State			City & State			0.5	Fee i		
23	n '		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	<u> </u>			8. This corporation has liability for in			
24			30			Yes No			
	9. Name and Address of Currer	nt Registered Age	ent			10. Name and Address of New Reg	stered Agent		
				81	Name				
	ON, LARRY		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	rragut st 'Ood FL 33024		83						
HOLLIW	00D FL 33024			00					
				84	City		FL 85 Zip	o Code	
11. Pursuant t	o the provisions of Sections 617.050	02 and 617.1508,	Florida Statute	s, the above	e-named corp	poration submits this statement for the pu	rnose of changing	its registered	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblic	of Florida, Such of the end of th	change was au 617.0503. Flor	uthorized by rida Statutes	the corpora	tion's board of directors. I hereby accept	the appointment a	is registered	
SIGNATURE									
	Signature, typed or printed name of registered age		(NOTE:		nt signature requ	red when reinstating)	DATE		
12.		ID DIRECTORS	DELETE	13.	····	ADDITIONS/CHANGES TO OFFICE			
TITLE	PD Charles, Ted	L	_ DELETE	1.1 TITLE			☐ Change	Addition	
NAME STREET ADDRESS	7230 FARRAGUT STREET			1.2 NAME	4DDD500				
CITY-ST-ZIP	HOLLYWOOD FL			1.3 STREET 1.4 CITY-S					
TITLE	VD		DELETE	2 1 THLE	1 - 21		Change	Addition	
NAME	DIGLORIA, FRANK			22 NAME					
STREET ADDRESS	7230 FARRAGUT STREET			2.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			2 4 CITY-5	ST - ZIP				
TITLE	SD		DELETE	3 1 TITLE			☐ Change	Addition	
NAME	MOSAKU, MICHAEL			3.2 NAME				ŀ	
STREET ADDRESS	7230 FARRAGUT ST.			3.3 STREET	ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL		Thouse	3 4. CITY - 5	ST-ZIP				
TITLE		L	DELETE	4.1 TITLE			☐ Change	Addition	
NAME Street address				4. 2 NAME	YDDDECC				
CITY-ST-ZIP				4.3 STREET 4.4 CITY - S			•		
TITLE	A		DELETE	5.1 TITLE	1-70		Change	Addition	
NAME		_		5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	1- ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP	and the state of t	1 10 11 2 200		6 4 C(1) Y - S					
14. I do 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.									