2002 UNIFORM BUSINESS REPORT (UBR)

Sep 30, 2002 8:00 am Secretary of State **DOCUMENT # N29131** 09-30-2002 90177 008 ****61.25 WEST HOLLYWOOD CONGREGATION OF JEHOVAH'S WITNESS ES. INC. Principal Place of Business Mailing Address C/O LARRY ANDERSON C/O LARRY ANDERSON 7230 FARRAGUT ST. 7230 FARRAGUT ST. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ANDERSON, LARRY 7230 FARRAGUT ST HOLLYWOOD FL 33024 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VD Delete TITLE Addition NAME DIGLORIA, FRANK NAME JOSE FIGUEILEDO, JR. STREET ADDRESS 7230 FARRAGUT STREET 7230 FAMMAGIA ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL HOLYWOOD, FL. ☐ Delete TITLE TITLE ☐ Change NAME ANDERSON, LARRY NAME STREET ADDRESS 7230 FARRAGUT ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Delete . Change ☐ Addition NAME INGENITO, HENRY S NAME STREET ADDRESS 7230 FARRAGUT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 in other like empowered.

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE

TITLE

STREET ADDRESS

CITY-ST-ZIP

nt 20,2002

☐ Change

☐ Addition

FILED