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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34780 (9)

1. Corporation Name

GULF BREEZE, FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

Mailing Address

~~% J. HAMILTON COX
4665 SOUNSIDE DR.
GULF BREEZE FL 32561~~% J. HAMILTON COX
4665 SOUNSIDE DR.
GULF BREEZE FL 32561-92763. Date Incorporated or Qualified
10/19/19893a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 KINGDOM HALL OF J.W.'S

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1640 MOHAWK Tr.

27

City & State

City & State

23 GULF BREEZE, FL

28

Zip

Country

Zip

Country

24 32561

25

SANTA ROSA

29

30

4. FEI Number
59-2848825Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, J. HAMILTON
4665 SOUTHSIDE DR.
GULF BREEZE FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME COX, J. HAMILTON
STREET ADDRESS 4665 SOUNSIDE DR.
CITY - ST - ZIP GULF BREEZE FL 325611.1 TITLE D ☒ Change ☐ Addition
1.2 NAME William Bohatka
1.3 STREET ADDRESS 314 Camelia St.
1.4 CITY - ST - ZIP Gulf Breeze, FL 32561TITLE D ☐ DELETE
NAME WOLCOTT, BRUCE D
STREET ADDRESS 3173 AUBURN PARKWAY
CITY - ST - ZIP GULF BREEZE FL 325612.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME WILLIAMS, CHARLES K
STREET ADDRESS 8155 STILLWATER COVE
CITY - ST - ZIP NAVARRE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ~~D~~ ☒ DELETE
NAME ~~MAHER, DAVID J.~~
STREET ADDRESS ~~1037 FLAMINGO LANE~~
CITY - ST - ZIP ~~NAVARRE FL 32566~~4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 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.

SIGNATURE: Charles K. Williams

2/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074225

CP2E037 (9/96)