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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35042 (3)

1. Corporation Name

MELALEUCA CONGREGATION OF JEHOVAH'S WITNESSES, I
NC.

Principal Place of Business

3140 MELALEUCA LANE
LAKE WORTH FL 33461
US

Mailing Address

% SIMON VILLANACCI, JR.
731 LAKE OSBORNE TERR
LAKE WORTH FL 33461-5621
US



3. Date Incorporated or Qualified
11/06/1989

3a. Date of Last Report
01/24/1996

4. FEI Number
59-4840616

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 % DAVID E. Smith

Suite, Apt. #, etc.

27 3079 MARINER WAY

City & State

28 Lake Worth FLORIDA

Zip

29 33462

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

SIMON VILLANACCI, JR.
731 LAKE OSBORNE TERR
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name DAVID E. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
3079 MARINER WAY
83
84 City Lake Worth FL 85 Zip Code 33462

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 of 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

TITLE PD ☒ DELETE
NAME VILLANACCI, SIMON JR.
STREET ADDRESS 731 LAKE OSBORNE TERR
CITY-ST-ZIP LAKE WORTH FL

TITLE DV ☒ DELETE
NAME RAULERSON, ROY D.
STREET ADDRESS 2780 WORCHESTER RD
CITY-ST-ZIP LANTANA FL

TITLE DST ☐ DELETE
NAME NEELEY, DANIEL L.
STREET ADDRESS 2330 LANTANA ROAD LOT 5E
CITY-ST-ZIP LANTANA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DAVID E. Smith
1.3 STREET ADDRESS 3079 MARINER WAY
1.4 CITY-ST-ZIP Lake Worth, FLORIDA 33462

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME JAMES H. GRIFFIS
2.3 STREET ADDRESS 8327 WACCAMAW LANE
2.4 CITY-ST-ZIP Lake Worth, FLORIDA 33462

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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: DANIEL L. NEELEY 4/26/97 561 5475599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone & e-mail

CR2E037 (9/96)