

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38190

(7)

1. Corporation Name

OCALA NORTHWEST CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business

6320 NW 44TH AVENUE
C/O LOUIS E. HICKMAN JR.
OCALA FL 32675

Mailing Address

6320 NW 44TH AVENUE
C/O LOUIS E. HICKMAN JR.
OCALA FL 32675

3. Date Incorporated or Qualified
05/16/1990

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 8201 SW 41st PL. RD.

26 8201 SW 41st PL. RD.

4. FEI Number
59-2892750

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C/O Ralph Cohn Sr.

27 C/O Ralph Cohn Sr.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23 Ocala, FL.

28 Ocala, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 34481

25 USA

29 34481

30 USA

8. 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

HICKMAN, LOUIS E. JR.
6320 NW 44TH AVENUE
OCALA FL 32675

81 Name

Cohn, Ralph Sr.

82

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

8201 SW 41st PL. RD.

83

84 City

Ocala

FL

85 Zip Code
34481

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

Ralph C. Cohn

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

(NOTE: Registered Agent signature required when reinstating)

April 24, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HICKMAN, LOUIS E. JR.
STREET ADDRESS 6320 NW 44TH AVENUE
CITY-ST-ZIP Ocala FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Cohn, Ralph Sr.
1.3 STREET ADDRESS 8201 SW 41st PL. RD.
1.4 CITY-ST-ZIP Ocala, FL. 34481

TITLE SD ☒ DELETE
NAME STEIMANN, EMIL
STREET ADDRESS 5604 NW 71ST STREET
CITY-ST-ZIP Ocala FL

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Quibell, Dan
2.3 STREET ADDRESS 6574 NW 60th ST.
2.4 CITY-ST-ZIP Ocala, FL. 34482

TITLE D ☒ DELETE
NAME WOOD, JEFF
STREET ADDRESS 13560 NW 70TH ST
CITY-ST-ZIP MORRISTON FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Gray, Gary
3.3 STREET ADDRESS 720 NW 113th COURT
3.4 CITY-ST-ZIP Ocala, FL. 34482

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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:

Ralph C. Cohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 (352) 237-7635

Date

Debit Phone #

CR2E037 (12/95)