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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # **N42958** (1)

1. Corporation Name
LAS OLAS CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

Principal Place of Business Mailing Address
~~XXXXXX~~ **425 SW 9 St** ~~XXXXXX~~ **1115 NE 3rd Ave**
FT LAUDERDALE FL 33312 33315 ~~XXXXXX~~ **FT LAUDERDALE FL 33302 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1991** 3a. Date of Last Report **03/24/1994**
 4. FEI Number **NOT APPLICABLE** 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**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BAYNE, EDWARD F., JR.
1623 SW 4 CT
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
 81 Name **Richard A. Mone**
 82 Street Address (P.O. Box Number is Not Acceptable) **1115 NE 3rd Avenue**
 83 **Ft. Laud., FL 33304**
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Richard A. Mone DATE **2/1/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BAYNE, EDWARD F., JR.
STREET ADDRESS	1623 SW 4 CT
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	FILLMORE, CURTIS
STREET ADDRESS	3781 NW 8TH PL
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	JOHNSON, T C
STREET ADDRESS	372 W DAYTON CIR
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard A. Mone
1.3 STREET ADDRESS	1115 NE 3rd Avenue Ft. Laud. FL
1.4 CITY - ST - ZIP	33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 entire 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Mone DATE **2/1/95** **305-523-7386**
Signature and typed or printed name of signing officer or director Date Telephone #