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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N48556 (7)  
1. Corporation Name  
THE MIAMI FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business Mailing Address  
P.O. BOX 524330 P.O. BOX 524330  
MIAMI FL 33152 MIAMI FL 33152

3. Date Incorporated or Qualified  
04/27/1992

4. FEI Number  
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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
KARRIS, ALLEN A.  
2032 S.W. 124TH PLACE  
MIAMI FL 33175

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                     |        |
|----------------|---------------------|--------|
| TITLE          | D                   | DELETE |
| NAME           | MILLER, ROBERT B.   |        |
| STREET ADDRESS | 14341 POLK STREET   |        |
| CITY-ST-ZIP    | MIAMI FL            |        |
| TITLE          | D                   | DELETE |
| NAME           | PROWELL, ISHMAEL W. |        |
| STREET ADDRESS | 1480 SW 131ST PL    |        |
| CITY-ST-ZIP    | MIAMI FL            |        |
| TITLE          | D                   | DELETE |
| NAME           | KARRIS, ALLEN A.    |        |
| STREET ADDRESS | 2032 SW 124TH PL    |        |
| CITY-ST-ZIP    | MIAMI FL            |        |
| 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          | Change | Addition |
| 1.2 NAME           |        |          |
| 1.3 STREET ADDRESS |        |          |
| 1.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE          | Change | Addition |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-ST-ZIP    |        |          |
| 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 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: *Allen A. Harris* February 10, 1998 (305) 551-1037

CR2E037 (10/97)