

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90004 010 ****61.25

0026454

DOCUMENT # N48831

1. Entity Name

THE ORLANDO FLORIDA CONGREGATION OF JEHOVAH'S WI

Principal Place of Business

Mailing Address

1327 LOWRIE AVE.
 ORLANDO FL 32805

1327 LOWRIE AVE.
 ORLANDO FL 32805

660841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, RALPH MS
 1327 LOWRIE AVE.
 ORLANDO FL 32805

*WRONG 1st Name
 SAME person ->*

Name

RUFUS MILLER

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

1327 Lowrie Ave

City

Orlando

FL

Zip Code

32805

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rufus Miller

4-27-01

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

(NOT Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME ED
 STREET ADDRESS MILLER, RUFUS
 CITY-ST-ZIP 1327 LOWRIE AVE.
 ORLANDO FL 32805

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ED
 STREET ADDRESS PLAUMANN, LAWRENCE
 CITY-ST-ZIP 2664 CLEAR COVE LANE
 ORLANDO FL 32805

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ED
 STREET ADDRESS RICHTER, RAY
 CITY-ST-ZIP 5215 INDIAN HILL ROAD
 ORLANDO FL 32805

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rufus Miller

4-27-01 407-843-8895

CR2E037 (10/00)