

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49277 (9)

1. Corporation Name

BROOKSVILLE FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

Mailing Address

6950 MITCHELL RD
BROOKSVILLE FL 34601

P. O. BOX 10222
BROOKSVILLE FL 34601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1991675

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)

☒

\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, PHILIP H.
1361 CANDLELIGHT BLVD.
BROOKSVILLE FL 34601

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 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

Philip H. Reed
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

5-5-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	REED, PHILIP H.
STREET ADDRESS	1361 CANDLELIGHT BLVD.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	VD
NAME	AUSBY, COLUMBUS
STREET ADDRESS	27017 GLADYS ST
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	STD
NAME	HOFFMAN, RALPH A.
STREET ADDRESS	7433 MOBLELY RD
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	VD
2.3 STREET ADDRESS	EDWIN A. BLEICH
2.4 CITY - ST - ZIP	7343 MITCHELL RD BROOKSVILLE, FL 34601
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	STD
3.3 STREET ADDRESS	CLYDE D. WOODARD
3.4 CITY - ST - ZIP	22063 LAKE LINDSEY RD BROOKSVILLE, FL 34601
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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:

Philip H. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95

813-671-3700

Daytime Phone # 813-2452