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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49277**

1. Corporation Name

~~BROOKSVILLE FLORIDA CONGREGATION OF JEHOVAH'S WI TNESSES, INC.~~ WEST CONGREGATION OF JEHOVAH'S WITNESSES BROOKSVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
6950 MITCHELL RD BROOKSVILLE FL 34601	P.O. BOX 1102 BROOKSVILLE FL 34601 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/08/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3132091 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: CLYDE D. WOODARD
82 Street Address (P.O. Box Number is Not Acceptable): 22063 LAKE LINDSEY RD.
83
84 City: BROOKSVILLE, FL 85 Zip Code: 34601

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: CLYDE D. WOODARD/SECRETARY 1-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	REED, PHILIP H.		1.2 NAME	ED KAMAN	
STREET ADDRESS	1361 CANDLELIGHT BLVD.		1.3 STREET ADDRESS	527 WARD AVE.	
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BLEICH, EDWIN		2.2 NAME	CHARLES LELAND	
STREET ADDRESS	7343 MITCHELL RD		2.3 STREET ADDRESS	7000 MITCHELL RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601		2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WOODARD, CLYDE		3.2 NAME	DWIGHT LINDSEY	
STREET ADDRESS	22063 LAKE LINDSEY RD		3.3 STREET ADDRESS	6916 BROAD ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34601		3.4. CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4. 2 NAME	CHRISTOPHER LOIACONO	
STREET ADDRESS			4.3 STREET ADDRESS	617 SEVEN OAK CT.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	GEORGE WILLIAMS	
STREET ADDRESS			5.3 STREET ADDRESS	7387 BUCK HOPE RD.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	RUSSEL SHEEDER	
STREET ADDRESS			6.3 STREET ADDRESS	19329 OLIVER ST.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED. CLYDE D. WOODARD 1-30-99 / 352-754-8567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #