Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRICED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2001 8:00 am **DOCUMENT # N49277 Secretary of State** 1. Entity Name BROOKSVILLE FLORIDA CONGREGATION OF JEHOVAH'S WI 02-13-2001 90616 049 ****61.25 Principal Place of Business Mailing Address 6950 MITCHELL RD 6516 BROAD ST **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 00020952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3132091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KAMAN, EDWARD 1221 MONDON HILL RD BROOKSVILLE FL 34601-2777 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) ure, typed or printed nam **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. STD ☐ Change TITLE ☐ Delete TITLE KAMAN, ED NAME NAME GIT SEVEN OAKS COURT 1221 MONDON HILL RD STREET ADDRESS STREET ADDRESS BROOKSVILLE FLORIDA 34601 CITY-ST-ZIP **BROOKSVILLE FL 34601-2777** CITY-ST-ZIP X Addition ۷D ☐ Delete ☐ Change TITLE Russel SHEEDER Thee P 19329 OLIVER STIEF **BLEICH, EDWIN** NAME NAME STREET ADDRESS 7343 MITCHELL RD STREET ADDRESS trocio A CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL 34601** TITLE ☐: Delete TITLE Change Addition HESSE, JOHN NAME NAME 7132 SUNNYSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** ☐ Change TITLE ☐ Delete THILE ☐ Addition DAVIS, RONALD NAME STREET ADDRESS 21125 LARK AVE STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LINDSEY, DWIGHT NAME NAME 6916 BROAD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** TITLE Delete TITLE ☐ Addition ☐ Change WILLIAMS, GEORGE NAME NAME STREET ADDRESS 7387 BUCK HOPE RD STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** 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.