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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50187 (6)

1. Corporation Name
CLEWISTON, FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business 221 W. EL PASCO AVE. CLEWISTON FL 33440	Mailing Address C/O ROBERT NIGHTINGALE 307 PINECREST AVE. MOORE HAVEN FL 33471
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/01/1992	
4. FEI Number 59-1867389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NIGHTINGALE, ROBERT
 307 PINECREST AVE.
 MOORE HAVEN FL 33471

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	PD	<input type="checkbox"/> DELETE
NAME	NIGHTINGALE, ROBERT	
STREET ADDRESS	307 PINECREST AVE.	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	SAPP, GARY	
STREET ADDRESS	520 W. ALVERDEZ AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WARNER, EARL	
STREET ADDRESS	P.O. BOX 1192 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'DELL, ROLAND	
STREET ADDRESS	P.O. BOX 1498 N/A	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, ROBERT	
STREET ADDRESS	924 MISSISSIPPI AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIBBS, JAMES	
STREET ADDRESS	1646 TAMMY RD	
CITY-ST-ZIP	CLEWISTON FL 33440	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D
2.3 STREET ADDRESS	Sapp, Gary
2.4 CITY-ST-ZIP	P.O. Box 127 Medusa Fruit Co. Clewiston, Fl. 33440
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Warner, Earl
3.4 CITY-ST-ZIP	P.O. Box 1192 N/A Clewiston, Fl. 33440
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STD
6.3 STREET ADDRESS	Hibbs, James
6.4 CITY-ST-ZIP	1646 Tammy Rd. Clewiston, Fl. 33440

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James D. Hibbs* James D. Hibbs 2/2/98 (941)983-8586

CR2E037 (10/97)