FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

NC.

TITLE

NAME

STREET ADDRESS



NORTHWOOD CONGREGATION OF JEHOVAH'S WITNESSES, I

DOCUMENT # N93000005683

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address 4501 AUSTRALIAN AVE. 4501 AUSTRALIAN AVE. WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 12/15/1993 21 26 4. FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 65-0503694 Not Applicable 22 City & State \$8.75 Additional City & State 5. Certifcate of Status Desired \Box Fee Required 23 28 Zip Country \$5.00 May Be 6. Election Campaign Financing Ζip Country Added to Fees 30 Trust Fund Contribution 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) WALKER, LANCE 82 4501 AUSTRALIAN AVE. 83 WEST PALM BEACH FL 33407 Zip Code 84 City 85 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE WALKER, LANCE CR2E037 1.2 NAME NAME 4501 AUSTRALIAN AVE. 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME QUEEN, WALTER 2.3 STREET ADDRESS STREET ADDRESS 1574-6TH ST. WEST PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 3.1 TITLE TILE ROBINSON, DERRICK 3.2 NAME NAME 2024 WARE DRIVE 3.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 3.4. CITY-ST-ZIP City-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE [] Change

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.2 NAME

DELETE

RWALKER 4/27/9 1561/845-6689 SIGNATURE: