2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N93000005683 May 15, 2000 8:00 am Secretary of State NORTHWOOD CONGREGATION OF JEHOVAH'S WITNESSES, I 05-15-2000 90187 004 ****61.25 Mailing Address Principal Place of Business 4501 AUSTRALIAN AVE. 4501 AUSTRALIAN AVE. WEST PALM BEACH FL 33407-3642 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address 101, EXECUTIVE CENTER DOHOL- EXECUTIVE CINT. DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. A 113 Applied For City & State 4. FEI Number City & State 65-0503694 IEST PAlm JEST PAlm BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired PAIM BEACH 3340 Fee Required ___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEVIN NORRI Street Address (P.O. Box Number is Not Ac WALKER, LANCE 4501 AUSTRALIAN AVE. **WEST PALM BEACH FL 33407** Zip Code BEACH 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. KEUIN MORRIS Delete TITLE WALKER, LANCE NAME 401 - EXECUTIVE CENTER DRIVE NAME STREET ADDRESS 4501 AUSTRALIAN AVE. STREET ADDRESS WEST PAIM BEACH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 D John TERRENCE BROWN Change 🗶 Delete TITLE TITLE NAME 1331-9th COURT WEST PANMBLACK QUEEN, WALTER NAME STREET ADDRESS STREET ADDRESS 1574-6TH ST. F1, -33401 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE ROBINSON, DERRICK NAME NAME STREET ADDRESS STREET ADDRESS 2024 WARE DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete

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.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/25/00 (561) 687 - 7987

Date Date Devime Phone #

☐ Change

☐ Addition