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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002237 (5)

1. Corporation Name

EAST SPRING HILL CONGREGATIONS OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

2283 RENTON LANE
SPRING HILL FL 34609

Mailing Address

2283 RENTON LANE
SPRING HILL FL 34609

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

59-2375985

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURKEE, HOWARD
2283 RENTON LANE
SPRING HILL FL 34609

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

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
NAME GENOVESE, MICHAEL
STREET ADDRESS 13140 JESSICA DR
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VD
NAME GREVES, JEFF
STREET ADDRESS 15378 OAKCREST CIR
CITY-ST-ZIP SPRING HILL FL 34609

TITLE SD
NAME WILLARD, JAMES
STREET ADDRESS 1351 MARKHAM AVE
CITY-ST-ZIP SPRING HILL FL

TITLE TD
NAME VONICK, GARY
STREET ADDRESS 1090 TRINIDAD AVE
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME BLASER, DAVID
STREET ADDRESS 13312 DRYSDALE ST
CITY-ST-ZIP SPRING HILL FL 34609

TITLE D
NAME COOK, THOMAS N
STREET ADDRESS 6458 JAMAICA RD
CITY-ST-ZIP SPRING HILL FL 34608

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD
3.2 NAME THETSER, RICHARD
3.3 STREET ADDRESS 14370 CORONADO DRIVE
3.4 CITY-ST-ZIP SPRING HILL, FL. 34609

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 34609

5.1 TITLE CD
5.2 NAME VINCENZO FILI
5.3 STREET ADDRESS 3429 SUNNYBROOK TRAIL
5.4 CITY-ST-ZIP SPRING HILL, FL. 34609

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 5145 BONS LANE
6.4 CITY-ST-ZIP BROOKSVILLE, FL. 34609

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: MICHAEL GENOVESE

4/1/98 (352) 686-8958

CR2E037 (10/97)