

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000001203 (7)**

1. Corporation Name

**GRIFFIN ROAD KINGDOM HALL JEHOVAH'S WITNESSES',  
INC.**

Principal Place of Business

**10000 ORANGE DRIVE  
DAVIE FL 33328-2201**

Mailing Address

**10000 ORANGE DRIVE  
DAVIE FL 33328-2201**



3. Date Incorporated or Qualified  
**03/14/1995**

3a. Date of Last Report  
**3.14.96**

2. Principal Place of Business

**21 10000 ORANGE DRIVE, DAVIE**

2a. Mailing Address

**26 10000 ORANGE DRIVE**

4. FEI Number

**59.2724565**

Applied For  
Not Applicable

**22 10000 ORANGE DRIVE**

**27 10000 ORANGE DRIVE**

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

**23 DAVIE, FLORIDA**

**28 DAVIE, FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

**24 33328-2201 25 Broward**

**29 33328-2201 30 Broward**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81 Name CORPORATION INFORMATION SERVICES, INC.  
82 Street Address 1201 HAYS ST.  
83 TALLAHASSEE FLORIDA,  
84 City 85 32301**

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

**TITLE DP**  
**NAME PASCARELLA, JAMES**  
**STREET ADDRESS 10000 ORANGE DR.**  
**CITY-ST-ZIP DAVIE FL 33328-2201**

**TITLE DS**  
**NAME BROWN, JAMES**  
**STREET ADDRESS 10000 ORANGE DR.**  
**CITY-ST-ZIP DAVIE FL 33328-2201**

**TITLE DT**  
**NAME STALLWORTH, CLARENCE A**  
**STREET ADDRESS 10000 ORANGE DR.**  
**CITY-ST-ZIP DAVIE FL 33328-2201**

**TITLE D**  
**NAME BREAU, DON**  
**STREET ADDRESS 10000 ORANGE DR.**  
**CITY-ST-ZIP DAVIE FL 33328-2201**

**TITLE D**  
**NAME SMITH, GEORGE**  
**STREET ADDRESS 10000 ORANGE DR.**  
**CITY-ST-ZIP DAVIE FL 33328-2201**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**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**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

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

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Pascarella D.P.**

**JANUARY 30, 1996 (305) 871-3926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)