FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000004126 (7) DOCUMENT # 1. Corporation Name

BAYWAY CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Plac	e of Business	Mailing Address		I IABESTAT DID IDIDI BITTI DESTA DI	rein neinr annil nutri ningi sinch iinin diir i98t	
4125 31ST STREET SOUTH ST. PETERSBURG FL 33712		2686 GRANDADA CIRCLE ST. PETERSBURG FL 337 US				
· ·				3. Date Incorporated or Qualifie 08/28/1995	J 06/12/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number APPLIED FOR 59	-338/843 Applied For Not Applicat	
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	,	City & State		Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p	Country 30	This corporation has liability Florida Statutes	for intangible tax under s. 199.032,	
	9, Name and Address of Cur		1	10. Name and Address of New		
			81 Nam		- X	
	O'NEAL J BERCA WAY SOUTH		82 Stree	ol Address (P.O. Box Number is Not Accep	otable)	
	RSBURG FL 33712		83		1 d 1 1 1 1 1 1	
			84 City		FL 85 Zip Code	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable (NC		d corporation submits this statement for the progration's board of directors. I hereby actions the program of t	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	1	☐ Change ☐ Additi	
NAME	STOKES, BARRY S		1.2 NAME			
STREET ADDRESS	2686 W GRANADA CIR SO		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 3371		1.4 CITY - ST - ZIP			
TITLE	VPD	☐ DELETE	2.1 TITLE		∐ Change ☐ Addit	
NAME	BRUCE, ROBERT J		2.2 NAME			
STREET ADDRESS	5080 41TH STREET SO ST. PETERSBURG FL 3371	•	2 3 STREET ADDRESS	5		
CITY-ST-ZIP TITLE	SD SD	DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		Change Addit	
NAME	MILTON, O'NEAL J	- Other			E ∩ cusude E vooir	
	4226 ALBERCA WAY SOUT	TH.	3.2 NAME	, i		
STREET ADDRESS	ST. PETERSBURG FL 3371		3.3 STREET ADDRESS	· ·		
CITY-ST-ZIP TITLE	OT. PETERODORO LE 337 I	DELETE	3.4 CITY-ST-2IP 4.1 TITLE		Change Addit	
NAME		[Details	4.1 IIILE 4. 2 NAME		Charge C Moult	
STREET ADDRESS			4.3 STREET ADDRESS	`		
CITY-ST-ZIP TITLE	_	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addit	
NAME			5.2 NAME		onango noun	
STREET ADDRESS			5.3 STREET ADDRESS	. 1		
i			5.4 CITY- ST-ZIP	' [
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addit	
NAME	<i>6</i> .		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	: 1		
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

do 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.

GNATURE:

3 - 18 - 97 813-866-9376

FILED

Apr 10 1997 8:00am

Secretary of State