FILE NOW: FILING FEE IS \$61.25 **NONPROFIT** PRPORATION NUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

N9700002847 (8)

KEY LARGO CONGREGATION OF JEHOVAH'S WITNESS, INC

FILED Mar 30 1998 8:00am Secretary of State

te Incorporated or Qualified	

Principal Pier	ce of Business	Mailing Address			I USING IRAN NAMA NINI INDI ROJI
		_			
C/O WILLIAM		C/O WILLIAM G BROOKMAN		3. Date Incorporated or Qualified	
573 BOYD DRIV KEY LARGO FL		573 BOYD DRIVE KEY LARGO FL 33037		05/19/1997	
		ner enitor (2 900)		4. FEI Number	✓ Applied For
					Not Applicable
2. Principal F	Place of Business	2e. Mailing Address 26	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22	,	27		Trust Fund Contribution	Added to Fees
City & Stat	9	City & State		7. Is this nonprofit corporation a homeow	
23		28		☐ Yes	Ľ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		10	Personal Property Tax due June 30.	Yes No
ļ.,	9. Name and Address of Currer	nt Registered Agent	241	10. Name and Address of New Register	ed Agent
			81 Name	POWELL, BENE T.	
	., WILLIAM T			dress (P.O. Box Number is Not Acceptable)	
	r <u>ing drive</u> Cora	CELTION ->		4 BUNTING DRIVE	
KEY LAF	GO FL 33037 🔿		83		
1/1	In The sall		84 City V	EY LARBO F	L 85 Zip Code 7
11. Pureuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statutos	the shove-named cor		
office or i	registered agent, or both, in the State	of Florida. Such change was au ations of, Section 617.0503. Flori	thorized by the corpora da Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the s	appointment as registered
SIGNATURE,		. ////		3/	19/98
12.	Signature, typed or printed name of registered ago OFFICERS AN		Registered Agent signature request.	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TOTLE	ADDITIONS OF PARTIES AND APPEARED A	Change Addition
NAME	BUSH, BRIAN		1.2 NAME		CT civilgo CT (10000)
STREET ADDRESS	401 COCONUT DR		1.3 STREET ADDRESS		
	KEY LARGO FL 33037				
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	POWELL, GENE T		2.2 NAME		
STREET ADDRESS	14 BUNTING DR		2.3 STREET ADDRESS		
	KEY LARGO FL 33037				
CITY-ST-ZIP TITLE	STD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	BROOKMAN, WILLIAM G		3.2 NAME		
STREET ADDRESS	573 BOYD DR		3.3 STREET ADORESS		
CITY-ST-ZIP	KEY LARGO FL 33037		3.4. CiTY-ST-ZIP		
TITLE	= 11.00 . 5 00001	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DÉLÉTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		0.0
STREET ADDRESS			5.3 STREET ADDRESS		$p \epsilon$
CITY-ST-ZIP			5.4 CITY-ST-ZIP		3.50
TITLE		☐ DELETE	6.1 TITLE	***************************************	☐ Change ☐ Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		~ 5,, ~+
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Dubld 2
			E		

Thereby 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 oddress.

WILLIAM 6. BCOKMAN