


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004524 (1)
 1. Corporation Name
MIAMI SHORES CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business 13525 N.E. SECOND COURT MIAMI FL 33161	Mailing Address 206 N.W. 97TH STREET MIAMI FL 33150-1629
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3. Date Incorporated or Qualified 08/08/1997	
4. FEI Number 65-0696709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9100 N.E 2nd Avenue	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Shores, FL	City & State 28
Zip 24 33138	Country 25 DADE
Zip 29	Country 30

9. Name and Address of Current Registered Agent

SYLVAIN, FRED
206 N.W. 97TH STREET
MIAMI FL 33150-1629

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVAIN, FRED	1.2 NAME	
STREET ADDRESS	13525 N.E. SECOND COURT	1.3 STREET ADDRESS	206 NW 97th Street
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	Miami, FL 33150-1629
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPONS, JOHN	2.2 NAME	
STREET ADDRESS	13525 N.E. SECOND COURT	2.3 STREET ADDRESS	9100 NE 2nd Avenue
CITY-ST-ZIP	MIAMI FL 33161	2.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ISAAC JR.	3.2 NAME	
STREET ADDRESS	13525 N.E. SECOND COURT	3.3 STREET ADDRESS	9100 NE 2nd Avenue
CITY-ST-ZIP	MIAMI FL 33161	3.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual reports 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: *Fred Sylvain* **FRED SYLVAIN** 2-7-98 305-79-6235

CR2E037 (10/97)