## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2004 08:00 AM DOCUMENT # N98000002540 Secretary of State 1. Entity Name LAKE MAGGIORE CONGREGATION OF JEHOVAH'S WITNESSES, INC. Principal Place of Business Mailing Address 1454 16TH STREET, S ST. PETERSBURG FL 33705 2510 33RD STREET ST. PETERSBURG FL 33212 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2750609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIMBERLY, JAMES O SR 2510 33RD STREET Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33212 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and theil applicable. (NOTE, Rogistered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition IIILE ☐ Delete BILE U00000060964 WIMBERLY, JAMES O SR NAME MAME 02/23/04-80059-015 61.25 2510 33RD STREET STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33212 CITY-ST-ZIP CHTY-ST-ZIP ☐ Addition HILE ☐ Delete THLE ☐ Change GRAHAM, JAMES D JR MANE NAME 801 58TH AVENUE SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33705 CITY-57-ZIP CITY-ST-Z8P DST TITLE ☐ Delete TITLE Change Addition RIVERS, JAMES NAME NAME 2426 QUEEN ST. SO. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33212 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete IIB F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition 7.77 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Aux Dumbelly Dawes Own when one of the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.