## FILED 2003 NOT-FOR-PROFIT CORPORATION Feb 10, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N9800002540 1. Entity Name 02-10-2003 90211 013 \*\*\*\*61.25 LAKE MAGGIORE CONGREGATION OF JEHOVAH'S WITNESSE S. INC. Principal Place of Business Mailing Address 1454 16TH STREET, S 2510 33RD STREET ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33212 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2750609 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIMBERLY, JAMES O SR Street Address (P.O. Box Number is Not Acceptable) 2510 33RD STREET 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE 🗆 Delete TITLE Change Addition (10/02) NAME WIMBERLY, JAMES O SR NAME STREET ADDRESS 2510 33RD STREET STREET ADDRESS **CR2E037** CITY-ST-ZIP ST. PETERSBURG FL 33212 CITY-ST-Z⊮P TITLE DV Delete TITLE 🗋 Change Addition NAME GRAHAM, JAMES D JR NAME STREET ADDRESS 801 58TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP-ST: PETERSBURG FL-33705 CITY\_ST\_ZIP TITLE DST Delete TITLE Change Addition NAME RIVERS, JAMES NAME STREET ADDRESS 2426 QUEEN ST. SO. STREET ADDRESS CITY-ST-ZIF ST. PETERSBURG FL 33212 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 James D. W 727-327-9253

SIGNATURE: