

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED

95 MAR 22 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06475** (0)

1. Corporation Name
THE TAMPA FLORIDA, SOUTH UNIT, COMPANY OF JEHOVAH'S WITNESSES INC.

Principal Place of Business Mailing Address
***ROBERT R. MACKEY**
3608 EUCLID AVENUE
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1984	3a. Date of Last Report 01/31/1994
4. FEI Number 59-2660436	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
MACKEY, ROBERT R.
3608 EUCLID AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert R Mackey (Signature, typed or printed name of registered agent and title if applicable) DATE: 3/1/95 (Month/Day/Year)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, ROBERT R.	12 NAME	
STREET ADDRESS	3608 EUCLID AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DANIEL E.	22 NAME	DIRECTOR
STREET ADDRESS	3309 CORONA AVENUE	23 STREET ADDRESS	STEVEN L. DAVIS
CITY - ST - ZIP	TAMPA FL	24 CITY - ST - ZIP	2314 BRISTOL AVE.
TITLE	D	31 TITLE	TAMPA, FL 83609-4704
NAME	CREMATA, SAMUEL	32 NAME	800001437198
STREET ADDRESS	3315 W. SEVILLA CIRCLE	33 STREET ADDRESS	-03/22/95--0112--005
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	****130.00 ****130.00
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (3)(2)(b), 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 such certificate appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert R Mackey (Signature, typed or printed name of signing officer or director) DATE: 3/1/95 (Month/Day/Year) 813-837-4391 (Telephone Number)