

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90166 045 \*\*\*\*61.25

**DOCUMENT # N06475**



1. Entity Name  
**THE TAMPA FLORIDA, SOUTH UNIT, COMPANY OF JEHOVA  
H'S WITNESSES INC.**

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

**11009387**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2660436**      Applied For  
Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MACKEY, ROBERT R.**  
**3608 EUCLID AVENUE**  
**TAMPA FL 33629**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MACKEY, ROBERT R.	3608 EUCLID AVENUE	TAMPA FL				
D	STEVEN L. DAVIS	2314 BRISTOL AVE	TAMPA FL 33609-4704				
D	CREMATA, SAMUEL	3315 W. SEVILLA CIRCLE	TAMPA FL				

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.

SIGNATURE: *[Signature]* **FILED**      4-20-03      813-251-0206

CR2E037 (10/02)