

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06475

**Entity Name:** THE TAMPA FLORIDA, SOUTH UNIT, COMPANY OF JEHOVAH'S WITNESSES INC.

**Current Principal Place of Business:**

5251 S. LOIS AVE.  
TAMPA, FL 33611-3415

**Current Mailing Address:**

5251 S. LOIS AVE.  
TAMPA, FL 33611-3415 US

**FEI Number: 59-2660436**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHAWVER, BRUCE B  
3902 W SEVILLA ST  
TAMPA, FL 33629 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                        |                 |                       |
|-----------------|------------------------|-----------------|-----------------------|
| Title           | P                      | Title           | S                     |
| Name            | SHAWVER, BRUCE         | Name            | MARTIN, MATTHEW       |
| Address         | 3902 W SEVILLA ST      | Address         | 4408 W. BAY VILLA AVE |
| City-State-Zip: | TAMPA FL 33629         | City-State-Zip: | TAMPA FL 33611        |
|                 |                        |                 |                       |
| Title           | T                      |                 |                       |
| Name            | HERNANDEZ, RODOLFO JR  |                 |                       |
| Address         | 3913 W BAY TO BAY BLVD |                 |                       |
| City-State-Zip: | TAMPA FL 33629         |                 |                       |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: SHAWVER,BRUCE

P

01/23/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date