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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N17991 (3)
1. Corporation Name
WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, I NC.



Principal Place of Business Mailing Address
R.R. 1 BOX 300 WALLKILL NY 12589-9786 US
R.R. 1 BOX 300 WALLKILL NY 12589-9706 US

3. Date Incorporated or Qualified 11/26/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 58-1711312 Applied For Not Applicable

21 Suite, Apt #, etc. 22 900 RED MILLS RD
27 Suite, Apt #, etc. 27 900 RED MILLS RD

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

23 City & State WALLKILL NY
28 City & State WALLKILL NY

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

24 Zip 12589-3223 Country US
29 Zip 12589-3223 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MOODY, JIM H.
E. 2ND ST. EXT.
LEHIGH FL 33836

10. Name and Address of New Registered Agent
81 Name MOODY, JIM H.
82 Street Address (P.O. Box Number is Not Acceptable) 1001 LEHIGH EAST RD.
83
84 City LEHIGH ACRES FL 85 Zip Code 33972

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENSCHEL, MILTON G	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COUCH, GEORGE M.	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LARSON, MAX H.	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SWINGLE, LYMAN A.	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLING, LON R.	
STREET ADDRESS	R.D. 1 BOX 300	
CITY-ST-ZIP	WALLKILL NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID	
STREET ADDRESS	R.D. 1 BOX 300	
CITY-ST-ZIP	WALLKILL NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHILLING, LON R.	
5.3 STREET ADDRESS	900 RED MILLS RD	
5.4 CITY-ST-ZIP	WALLKILL NY 12589-3223	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WALKER, DAVID	
6.3 STREET ADDRESS	900 RED MILLS RD	
6.4 CITY-ST-ZIP	WALLKILL NY 12589-3223	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  on R. Schilling 4/3/97 (914) 744-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075573

CR2E037 (9/96)