

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90117 035 ****61.25

DOCUMENT # N17991

1. Entity Name

WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, I

Principal Place of Business

Mailing Address

**900 RED MILLS RD
 WALLKILL NY 12589-3223
 US**

**900 RED MILLS RD
 WALLKILL NY 12589-3220
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1711312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOODY, JIM H
 1001 LEHIGH EAST RD
 LEHIGH ACRES FL 33972**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| 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 | 900 RED MILLS RD | |
| CITY-ST-ZIP | WALLKILL NY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALKER, DAVID | |
| STREET ADDRESS | 900 RED MILLS RD | |
| CITY-ST-ZIP | WALLKILL NY | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE: _____

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

(718) 560-5000

Daytime Phone #

CR2E037 (9/99)