

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17991

**Entity Name:** WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, INC.

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**2578382239CC**

**Current Principal Place of Business:**

900 RED MILLS RD  
WALLKILL, NY 12589-3223

**Current Mailing Address:**

900 RED MILLS RD  
WALLKILL, NY 12589-3223 US

**FEI Number:** 58-1711312

**Certificate of Status Desired:** No

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

MOODY, JIM H JR.  
7980 TRAFFORD OAKS RD.  
IMMOKALEE, FL 34142 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:** JIM MOODY

04/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY, ASST. TREASURER, DIRECTOR  
Name VAZQUEZ, JUAN  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

Title ASST. SECRETARY, ASST. TREASURER, DIRECTOR  
Name MOODY, JIM H SR.  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

Title ASST. SECRETARY, ASST. TREASURER, DIRECTOR  
Name PACKNETT, ANSELM  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

Title PRESIDENT, DIRECTOR  
Name RAINS, ROBERT  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

Title VP, DIRECTOR  
Name SMITH, WAYNE  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

Title SECRETARY, TREASURER, DIRECTOR  
Name FEWELL, NORMAN III  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

Title VP, DIRECTOR  
Name MOODY, HOWARD JR.  
Address 900 RED MILLS RD  
City-State-Zip: WALLKILL NY 12589-3223

*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:** NORMAN FEWELL

**SECRETARY**

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date