


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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90528 023 \*\*\*\*70.00

**DOCUMENT # F00000004325**

1. Entity Name  
**WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK, INC.**



Principal Place of Business      Mailing Address

**25 COLUMBIA HEIGHTS  
BROOKLYN NY 11201-2483**      **25 COLUMBIA HEIGHTS  
BROOKLYN NY 11201-2483**

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 **11-1753577**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

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

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

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARSON, MAX H	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY 11201-1698	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHILLING, LONNIE R	
STREET ADDRESS	800 RED MILLS RD	
CITY-ST-ZIP	WALLKILL NY 12589-3224	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COUCH, GEORGE M	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY 11201-1698	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMONIS, GERALD F	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY 11201-1698	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIZZLE, GERALD D	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY 11201-1698	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINCLAIRE, DAVID G	
STREET ADDRESS	124 COLUMBIA HEIGHTS	
CITY-ST-ZIP	BROOKLYN NY 11201-1698	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED      1/17/03      (718) 560-5000

CR2E037 (10/02)