


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 008 ****70.00

DOCUMENT # 728320	
1. Entity Name	
SKYVIEW CONGREGATION OF JEHOVAH'S WITNESSES, PINELLAS PARK, FLORIDA, INC.	

Principal Place of Business	Mailing Address
9701 60TH STREET NORTH PINELLAS PARK FL 33782 US	10331 38TH STREET NORTH CLEARWATER FL 33762



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pinellas Park Florida		Pinellas Park Florida	
Zip	Country	Zip	Country
33782	US	33782	US

1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
59-2979590		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
[X] Yes		[] No	
6. Name and Address of Current Registered Agent			
THREATS, JOHN 10331 38TH ST., N CLEARWATER FL 34622			
7. Name and Address of New Registered Agent			
Name: PETER UNIG			
Street Address (P.O. Box Number is Not Acceptable): 6287 - 92nd Place # 2701			
City: Pinellas Park		FL Zip Code: 33782	

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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: THREATS, JOHN	TITLE: PD	NAME: PETER UNIG
STREET ADDRESS: 10331 38 STREET N	CITY-ST-ZIP: CLEARWATER FL 33762	STREET ADDRESS: 6287 - 92nd Place # 2701	CITY-ST-ZIP: Pinellas Park Florida 33782
TITLE: SD	NAME: WORTENDYKE, JOHN A	TITLE: SD	NAME: CESAR AMADOR
STREET ADDRESS: 7621-47 STREET N.	CITY-ST-ZIP: PINELLAS PARK FL 33781	STREET ADDRESS: 5535 86th Ave No	CITY-ST-ZIP: Pinellas Park FL 33782
TITLE: VD	NAME: BROMMELSICK, HENRY W	TITLE: []	NAME: []
STREET ADDRESS: 8025-53RD WAY N.	CITY-ST-ZIP: PINELLAS PARK FL 33781	STREET ADDRESS: []	CITY-ST-ZIP: []
TITLE: []	NAME: []	TITLE: []	NAME: []
STREET ADDRESS: []	CITY-ST-ZIP: []	STREET ADDRESS: []	CITY-ST-ZIP: []
TITLE: []	NAME: []	TITLE: []	NAME: []
STREET ADDRESS: []	CITY-ST-ZIP: []	STREET ADDRESS: []	CITY-ST-ZIP: []
TITLE: []	NAME: []	TITLE: []	NAME: []
STREET ADDRESS: []	CITY-ST-ZIP: []	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:  **3/28/05** **(727) 545-3093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #