2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728320

FILED Jun 24, 2009 Secretary of State

Entity Name: SKYVIEW CONGREGATION OF JEHOVAH'S WITNESSES, PINELLAS PARK, FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 9701 60TH STREET NORTH PINELLAS PARK, FL 33782 US **Current Mailing Address: New Mailing Address:** 5800 79TH AVENUE NORTH PINELLAS PARK, FL 33781 FEI Number: 59-2979590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLOYD, NELSON 5285 87TH TERRACE NORTH PINELLAS PARK, FL 33782 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LLOYD, NELSON Name: Name: Address: 5285 87TH TERRACE NORTH Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: TSD () Delete Title: () Change () Addition Name: SANCHEZ, MICHAEL Name: Address: 5800 79TH AVENUE NORTH Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition BARNS, JONATHAN Name: BURNS, JONATHAN Name: 1179 VENETIAN HARBOR DRIVE 1179 VENETIAN HARBOR DRIVE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SANCHEZ TSD 06/24/2009