2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 729507

1. Entity Name
TAMPA, FLORIDA, CARROLLWOOD CONGREGATION OFJEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
1208 W. HUMPHREY ST. TAMPA, FL 33604 US	8510 PAMIE ST TAMPA, FL 33614 US

03092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2378737
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEFRANCESCO, JAMES
8510 PAMIE ST
TAMPA, FL 33614

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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 James DeFrancesco 3/10/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000901286
04/29/08-80063-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAVIANO, ELI
STREET ADDRESS	8118 N EDISON
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	PCM
NAME	DEFRANCESCO, JAMES
STREET ADDRESS	8510 PAMIE ST
CITY-ST-ZIP	TAMPA, FL
TITLE	DV
NAME	ROOKS, LEMAR
STREET ADDRESS	13028 DELWOOD RD
CITY-ST-ZIP	TAMPA, FL
TITLE	DST
NAME	CHISHOLM, MATHEW
STREET ADDRESS	8710 N ROME AVE
CITY-ST-ZIP	TAMPA, FL 33608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James DeFrancesco JAMES DEFRANCESCO 3/10/2008 813 215 3757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #