2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N00860

1. Entity Name
BELLE GLADE CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
669 S.W. 16TH STREET BELLE GLADE, FL 33430 US	669 S.W. 16TH STREET BELLE GLADE, FL 33430 US

01132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2416717
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, AL JR.
808 S.W. 16TH ST., LOT 24
BELLE GLADE, FL 33430

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELLS, NATHAN
STREET ADDRESS	375 SE 3RD ST
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	VPD
NAME	HESTER, ROGER
STREET ADDRESS	380 S.E. 3RD AVE.
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	STD
NAME	GRIFFIN, AL JR.
STREET ADDRESS	PO BOX 2628
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80090-023 61.25

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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: _____ 1/24/08 561 516-0536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #