## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004819

FILED Feb 16, 2009 Secretary of State

Entity Name: HIBISCUS CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	MARION AVEI LUCIE, FL 34			
urrent Mailing Address:		New Mailing Address:		
	MARION AVEI LUCIE, FL 34			
I Number	: 65-0333647	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
ARDING				
150 SW	i, GEORGE EMPIRE ST INT LUCIE, FL	34983 US		
150 SW I ORT SA ne above	ÉMPIRE ST INT LUCIE, FL		purpose of changing its registere	ed office or registered agent, or both,
150 SW I ORT SA ne above	EMPIRE ST INT LUCIE, FL e named entity e of Florida. RE:	submits this statement for the		
I50 SW ORT SAI DRT SAI DE above the Stati GNATU	EMPIRE ST INT LUCIE, FL e named entity e of Florida. RE: Electror	submits this statement for the	ent	Date
I50 SW ORT SAI DRT SAI DE above the Stati GNATU	EMPIRE ST INT LUCIE, FL e named entity e of Florida. RE: Electron S AND DIREC TD ( WOLF, RUSSE 5940 NW BACI	submits this statement for the nic Signature of Registered Age TORS:	ent	
50 SW IDRT SAINE above the State GNATU  FFICER  Ide:  Ide:	EMPIRE ST INT LUCIE, FL e named entity e of Florida. RE:	submits this statement for the nic Signature of Registered Agortors:  Delete ELL HELOR TERRACE UCIE, FL 34986  Delete HARLES	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO

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: CHARLES SCHUTTIG PD 02/16/2009