

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03178

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

533 SUNNYSIDE DR
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 492223
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-2387360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACEY, JACKIE SR
715 CHESTER STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BROWN, RICHARD JR
Address: P O BOX 491495
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: LACEY, JACK
Address: P O BOX 492223
City-St-Zip: LEESBURG, FL 34749 US

Title: D () Delete
Name: FLUITT, JOHN
Address: 501 MILLS ST.
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: ARCHIE, CLARENCE
Address: 724 W. ALFRED ST.
City-St-Zip: TAVARES, FL 32778 US

Title: D () Delete
Name: CRANDALL, EDWIN
Address: 1021 DUNDEE CIRCLE
City-St-Zip: LEESBURG, FL 34788 US

Title: D () Delete
Name: DAY, DENNIS
Address: 25142 PINE HILL .
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS DAY

D

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date