

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 29, 2009
Secretary of State**

DOCUMENT# N08000010932

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

Current Principal Place of Business:

1821 SW 97 AVENUE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

1579 SW 159 TERRACE
PEMBROKE PINES, FL 330275014

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

THE LEGAIR LAW FIRM PA
1601 N PALM AVENUE
SUITE 304A
PEMBROKE PINES, FL FL 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: P Delete
Name: HAMMOND, WAYNE A
Address: 1821 SW 97 AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: VP Delete
Name: BONAVENTURA, THOMAS
Address: 1821 SW 97 AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: S Delete
Name: WEDDERBURN, HAYDEN
Address: 1821 SW 97 AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: T Delete
Name: GORDON, LEROY
Address: 1821 SW 97 AVENUE
City-St-Zip: MIRAMAR, FL 33025

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
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: WAYNE HAMMOND

P

08/29/2009

Electronic Signature of Signing Officer or Director

_____ Date