2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 08, 2007 08:00 AM Secretary of State

| DO(| CF IN | IENI | - # N | 27478 |
|-----------------|-------|----------|--------|--------|
| $\omega \omega$ | JUIV | IL I W I | 77 1 7 | 121710 |

1. Entity Name NORTH LAUDERDALE LAKES CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business

Mailing Address

6160 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE, FL 33068

6160 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE, FL 33068



02252007 No Chg-NP

CR2E037 (4/06)

| | | _ |
|------------------------------|---|-------|
| | | |
| FEI Numbe. | r | |
| A. 1 P. 1 ACT 1 P. C. | • | |
| | | |
| 59-2805 | | |
| | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

| 6. | ı | Vame | and Address | of Current Registered Agent |
|----|---|------|-------------|-----------------------------|

POWERS, DONALD G. 4320 NW 24TH STREET LAUDERHILL, FL 33313

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | | , | | | |
|---|--|---|------|--------------------------------|--|
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE | | | | | |
| | Filing Fee Is \$61.25 Due by May 1, 2007 | 9. Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARDIZZONE, GARRY R. 6350 NW 9TH STREET MARGATE, FL | | | | U00000660140 03/19/07-80013-025 61.25 |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | VD SHAMBRAY, DELBERT KEITH 1461 SUSSEX DRIVE NORTH LAUDERDALE, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD POWERS, DONALD G. 4320 NW 24TH STREET LAUDERHILL, FL | , | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-SI-ZIP | | | | | THIS SPACE |
| TITLE MAME STREET ADDRESS CTY-ST-ZIP | | | | CL # 2 | 2173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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 excelver or trustee empowered to execute this export as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachnet, with an address, with all other like exproveded. | | | | | |