

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003511

1. Entity Name
**NORTH ST. PETERSBURG CONGREGATION OF
JEHOVAH'S WITNESSES, INC.**



Principal Place of Business
**1695 42ND AVE N
ST PETERSBURG, FL 33714**

Mailing Address
**1695 42ND AVE N
ST PETERSBURG, FL 33714**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANZALONE, DAVID A
4820 19 ST N
ST PETERSBURG, FL 33714**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANZALONE, DAVID A 4820 19 ST N ST PETERSBURG, FL 33714
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEENEY, FRED 5730 - 16TH LANE NE SAINT PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEPHENS, JAMES 8131 7TH ST. NORTH SAINT PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Frederick Ray Keeney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04 (747)
Date Daytime Phone #