2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003248

FILED Nov 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 16571 VELAZQUEZ ROAD LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** 106 ROYAL PINE CIRCLE NORTH ROYAL PALM BEACH, FL 33411 FEI Number: 65-0452534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, ANDRE G 106 ROYAL PINE CIRCLE NORTH ROYAL PALM BEACH, FL 33411 US 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: ANDRE GERALD HARRIS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATTON, WILLIAM Name: Name: 140 LEXINGTON DR. Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: TD Title: () Delete () Change () Addition LEE, TIM Name: Name: Address: 17578 50TH RD. N. Address: City-St-Zip: LOXAHATCHEE, FL 33470 US City-St-Zip: Title: SD () Delete Title: () Change () Addition JOSEPH, DIEUSEUL Name: Name: Address: 17874 47TH CT. N. Address: City-St-Zip: LOXAHATCHEE, FL 33470 US City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, MIKE Name: Name: 1030 SERENADE CIRCLE Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition MCDONALD, CUSH Name: Name: 16888 HOLLOW TREE LANE Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: () Delete Title: () Change () Addition CRANDALL, CHARLES Name: Name: Address: 17159 44TH PL. N. Address: LOXAHATCHEE, FL 33470 City-St-Zip: 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: CUSH MCDONALD O 11/30/2009