

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000133

FILED  
May 03, 2010  
Secretary of State

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

**Current Principal Place of Business:**

7471 BELVEDERE RD  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

1377 WYNNEWOOD DR  
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

**FEI Number:** 65-0104079      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

MCLAUGHLIN, TERRY C  
1377 WYNNEWOOD DR  
WEST PALM BEACH, FL 33417 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: SD  
Name: WILLIAMS, CLEMMIE L  
Address: 103 MAPLEWOOD DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD  
Name: MCLAUGHLIN, TERRY C  
Address: 1377 WYNNEWOOD DR  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD  
Name: SUMMERS, JAMES  
Address: 135 LAKE EVELYN DR  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD  
Name: ZEPHIR, BERTHONY  
Address: 6106 WESTOVER RD  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: TERRY C MCLAUGHLIN

PD

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date