

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011871

**Entity Name:** SIGN LANGUAGE CONGREGATION OF JEHOVAHS  
WITNESSES KISSIMMEE FL INC

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**0301396377CC**

**Current Principal Place of Business:**

2281 NORTH THACKER AVE.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

PO BOX 421856  
KISSIMMEE, FL 34742--185 UN

**FEI Number: 85-3535856**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CRESPO, JOSE M  
8722 RAIN FOREST PL  
UNIT A  
KISSIMMEE, FL 34747 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WHITE, MICHAEL A  
Address 4522 ROSS LANIER LANR  
City-State-Zip: KISSIMMEE FL 34758

Title TREASURER  
Name MARFISI, JORGE N  
Address 4619  
SALVIA DRIVE  
City-State-Zip: ORLANDO FL 32839

Title P  
Name CRESPO, JOSE M  
Address PO BOX 421856  
City-State-Zip: KISSIMMEE FL 34742

*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: JOSE M CRESPO-MALDONADO**

**PRESIDENT**

**04/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date