2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-12-2006 90104 017 ****61.25

DOCUMENT # 702418

1. Entity Name
DAYTONA BEACH FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

66012870

Principal Place of Business	Mailing Address
3501 S CLYDE MORRIS BLVD. PORT ORANGE, FL 32119	3501 S CLYDE MORRIS BLVD. PORT ORANGE, FL 32119

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04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2336933
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LARRY L
1232 MELLISA DRIVE
PORT ORANGE, FL 32129

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REIMER, RONALD L
STREET ADDRESS	2295 OLD KINGS RD
CITY-ST-ZIP	PT ORANGE, FL 32129
TITLE	TD
NAME	WINES, FRANKLIN
STREET ADDRESS	3495 CLYDE MORRIS BLVD
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	SD
NAME	SMITH, LARRY
STREET ADDRESS	1232 MELLISA DR
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Reimer President 4/23/06 386/547-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #