
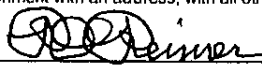


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702418</b>		
1. Entity Name PORT ORANGE FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED		
Principal Place of Business 3501 S CLYDE MORRIS BLVD. PORT ORANGE, FL 32129	Mailing Address 3501 S CLYDE MORRIS BLVD. PORT ORANGE, FL 32129	
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  SMITH, LARRY L 1232 MELLISA DRIVE PORT ORANGE, FL 32129		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REIMER, RONALD L 2295 OLD KINGS RD PT ORANGE, FL 32129	<p>U00000797595 01/29/08-80079-019 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WINES, FRANKLIN 3495 CLYDE MORRIS BLVD PORT ORANGE, FL 32129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, LARRY 1232 MELLISA DR 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		
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:  President		1/17/08 386/760-7365 Date Daytime Phone #