2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704347

FILED Aug 20, 2008 Secretary of State

Entity Name: THE ZEPHYRHILLS, FLORIDA, CONGREAGATION OF JEHOVAH'S WITNESSES, INC. **Current Principal Place of Business: New Principal Place of Business:** 34938 CHANCEY RD ZEPHYRHILLS, FL 33541 US **Current Mailing Address: New Mailing Address:** 6198 PRESIDENTIAL CIRCLE ZEPHYRHILLS, FL 33540 US FEI Number: 59-1969694 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: Name and Address of New Registered Agent: WHEELER, TOM WHEELER, THOMAS 6168 PRESIDENTIAL CIRCLE 6168 PRESIDENTIAL CIRCLE ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 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: THOMAS WHEELER 08/20/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WHEELER, THOMAS M Name: Name: 6168 PRESIDENTIAL CIRCLE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: PASKINS, JACK B Name: Address: 3819 RUSSIAN OLIVE LN Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: SD () Delete Title: () Change () Addition MARY, EDGAR M Name: Name: Address: 6136 ROYAL ST Address: City-St-Zip: ZEPHYRHILLS, FL 33542 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: THOMAS M WHEELER PD 08/20/2008