

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 706426

1. Entity Name
WEST OKEECHOBEE CONGREGATION OF JEHOVAH'S
WITNESSES, INC.



Principal Place of Business

KINGDOM HALL
8250 HWY 70 W
OKEECHOBEE, FL 34974 US

Mailing Address

C/O DAVID R. BRAZIL
260 NW 34TH TERRACE
OKEECHOBEE, FL 34972



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1988880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRAZIL, DAVID R.
260 NW 34TH TERRACE
OKEECHOBEE, FL 34972

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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	DVP
NAME	BRUZZESE, JERRY
STREET ADDRESS	124 DREAMTIME AVE
CITY-STATE-ZIP	LAKE PLACID, FL 32852
TITLE	DST
NAME	WALTER, JENNINGS L
STREET ADDRESS	316+ NW 3RD ST
CITY-STATE-ZIP	OKEECHOBEE, FL 34972
TITLE	PD
NAME	BRAZIL, DAVID R
STREET ADDRESS	260 NW 34TH TERR
CITY-STATE-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/27/06-80011-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

David R. Brazil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 16, 2006

Date

863-763-5478
Daytime Phone #