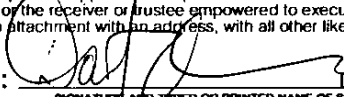


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 042 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1988880	
Zip		Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRUZZESE, JERRY 124 DREAMTIME AVE LAKE PLACID, FL 32852	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAMB, PALMER C 1116 NW 2nd ST OKEECHOBEE, FL 34972	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALTER, JENNINGS L 316+ NW 3RD ST OKEECHOBEE, FL 34972	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JENNINGS, WALTER L 3166 NW 3rd ST OKEECHOBEE, FL 34972	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAZIL, DAVID R 260 NW 34TH TERR OKEECHOBEE, FL 34972	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition				
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, 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, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/07/07 Daytime Phone # 863-763-5478		