2008 NOT-FOR-PROFIT CORPORATION

Mar 17, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #706426** 03-17-2008 90012 038 ****61.25 WEST OKEECHOBEE CONGREGRATION OF JEHOVAH'S WITNESSES, INC. Principal Place of Business Mailing Address 40046681 C/O DAVID R. BRAZIL KINGDOM HALL 260 NW 34TH TERRACE 8250 HWY 70 W OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34972 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-1988880 City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAZIL, DAVID R. Street Address (P.O. Box Number is Not Acceptable) 260 NW 34TH TERRACE OKEECHOBEE, FL 34972 Zip Code City 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS DVP Delete TITLE ☐ Change Addition TITLE LARRY CLAYCOMB 1820 SE 24th BLVD BRUZZESE, JERRY NAME NAME 124 DREAMTIME AVE STREET ADORESS STREET ADDRESS OKEECHOBEE, FL 34974 CITY-ST-ZIP LAKE PLACID, FL 32852 CITY-ST-7P ☐ Change ☐ Delete TITLE Addition WALTER, JENNINGS L STREET ADDRESS STREET ADDRESS 316+ NW 3RD ST OKEECHOBEE, FL 34972 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition BRAZIL, DAVID R NAME NAME STREET ADDRESS 260 NW 34TH TERR STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITE F TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-71P CITY-ST-ZIP Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TIDE ☐ Defete TT1 F

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report on 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 trystee 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 aftachment with an adoption, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE: DAVID R BRAZII
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR MARCH 3, 2008 863-763-5478