

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 708805

1. Entity Name

PENSACOLA FLORIDA CONGREGATION OF JEHOVAH'S
WITNESSES, EAST HILL UNIT, INC.



Principal Place of Business

6100 N LANIER
PENSACOLA, FL 32504

Mailing Address

1830 DEWRELL SQ
PENSACOLA, FL 32504



02232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2265925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, EDWARD III
1830 DEWRELL SQ
PENSACOLA, FL 32504

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000843804
03/12/08-80010-007 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLOWERS, EDWARD E III
STREET ADDRESS 1830 DEWRELL SQ
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VD
NAME YARBROUGH, JOHN CHRISTIAN
STREET ADDRESS 4513 CITADEL DR
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD
NAME CARLSON, JAMES
STREET ADDRESS 8775 SCENIC HWY
CITY-ST-ZIP PENSACOLA, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Edward E Flowers III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/08

Date

(850) 476-2622

Daytime Phone #