

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708869

FILED
Feb 23, 2008
Secretary of State

Entity Name: HOMESTEAD FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:

18505 SW 288 ST.
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

20455 SW 264 TH STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 59-1756054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MAX
20455 SW 264TH STREET
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANS, MICHAEL
Address: 19255 SW 312 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: TD () Delete
Name: DAVIS, KURTISS
Address: 562 SE 18 DR.
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: MORRIS, MAX
Address: 20455 SW 264 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: VD () Delete
Name: FISHER, JAMES
Address: 2221 SE 27 DR
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FISHER, JAMES
Address: 670 SE 18 LANE
City-St-Zip: HOMESTEAD, FL 33033

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: MAX MORRIS

SD

02/23/2008

Electronic Signature of Signing Officer or Director

Date