

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713425

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** BOYNTON BEACH FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

**Current Principal Place of Business:**

BOYNTON BCH. KINGDOM HALL  
1500 NE 4TH ST.  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

1214 OLD BOYNTON ROAD  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 59-1867454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMASTER, DARRYL  
1214 OLD BOYNTON ROAD  
BOYNTON BEACH, FL 33426 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: LEMASTER, DARRYL,  
Address: 1214 OLD BOYNTON ROAD  
City-St-Zip: BOYNTON BCH., FL

Title: SD ( ) Delete  
Name: CAREY, ED  
Address: 929 CHAPEL HILL BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD ( ) Delete  
Name: MURPHY, TOM  
Address: 13013 JONICO BAY  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEMASTER, DARRYL,  
Address: 1214 OLD BOYNTON ROAD  
City-St-Zip: BOYNTON BCH., FL 33426

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

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

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: DARRYL C. LEMASTER

PD

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date