2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #713801

1. Entity Name

Principal Place of Business

changed, or on an SIGNATURE

ST. PETERSBURG, FL 33705

1454 - 16TH ST., S.

P. O. BOX 14365

CAMPBELL PARK CONGREGATION OF JEHOVAH'S WITNESSES, ST. PETERSBURG, FLORIDA, INC.



Mailing Address

P. O. BOX 14365 2560 TROPICAL SHORE DR., S.E. ST. PETERSBURG, FL 33733 US

Phhaaa--

FILED

Jan 29, 2007 8:00 am

Secretary of State

01-29-2007 90086 021 ****61.25

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number 59-2406831 Applied For Not Applicable

5. Certificate of Status Desired

01042007 No Chg-NP

\$8.75 Additional

Fee Required

Daytime Phone #

CR2E037 (4/06)

GRAHAM, JAMES D. 2560 TROPICAL SHORES DR SE ST. PETERSBURG, FL 33705	DO NOT WRITE
	IN THIS SPACE

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						
O/Q/ W// O/ILL	Signature, typed or printed name of registered agent and tide if	applicable. (NOTE: Registered Ager	i eignature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution.	0	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	CD GRAHAM, JAMES D.,SR(CHRM 2560 TROPICAL SHRS DR SE ST.,PETERSBURG, FL					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VD ., GAILLARD, WARREN 5900 6TH ST SOUTH ST. PETERSBURG, FL					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	ST WIMBERLY, JAMES O., SR. 2510 33RD STREET SOUTH ST. PETERSBURG, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIMBERLY, ROBERT 2534 2ND AVE S ST. PETERSBURG, FL			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRHAM, JAMES D JR. 801 58TH AVE S ST. PETERSBURG, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, RIVERS 2426 QUEEN ST. SO. SAINT PETERSBURG, FL 33705					
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						

tachment with an address, with all other like empowered. JAMES D, GRAHAM