

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713801**

1. Entity Name  
**CAMPBELL PARK CONGREGATION OF JEHOVAH'S  
WITNESSES, ST. PETERSBURG, FLORIDA, INC.**



Principal Place of Business  
**1454 - 16TH ST., S.  
P. O. BOX 14365  
ST. PETERSBURG, FL 33705 US**

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



01072008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2406831</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GRAHAM, JAMES D.  
2560 TROPICAL SHORES DR SE  
ST. PETERSBURG, FL 33705**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GRAHAM, JAMES D., SR (CHRM 2560 TROPICAL SHRS DR SE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAILLARD, WARREN 5900 6TH ST SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WIMBERLY, JAMES O., SR. 2510 33RD STREET SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WIMBERLY, ROBERT 2534 2ND AVE S ST. PETERSBURG, FL
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

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01/29/08-80017-010 61.25

**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

*James D. Graham* **JAMES D. GRAHAM**

*1/7/08* **737 8942129**

Typed and printed name of signing officer or director

Date

Daytime Phone #