

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718319

FILED
Jun 03, 2006
Secretary of State

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

Current Principal Place of Business:

3621 HAMMOCK RD.
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7542
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 59-2042534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, WILLIAM C
PO BOX 7542
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

CLARK, WILLIAM C
325 S CORVETTE AVE
SEBRING, FL 33872 US

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

06/03/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, WILLIAM C
Address: PO BOX 7542
City-St-Zip: SEBRING, FL 33872

Title: SD () Delete
Name: JONES, ROBERT
Address: 224 REVSON AVENUE
City-St-Zip: SEBRING, FL 33876

Title: TD () Delete
Name: CRITES, NELSON A
Address: 1803 PASCO DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLARK, WILLIAM C
Address: 325 S CORVETTE AVE
City-St-Zip: SEBRING, FL 33872

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 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: WILLIAM C CLARK

Electronic Signature of Signing Officer or Director

PD

06/03/2006

Date