

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718319

FILED  
May 18, 2008  
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  
325 S CORVETTE AVE  
SEBRING, FL 33872 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: CLARK, WILLIAM C  
Address: 325 S CORVETTE AVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM C CLARK

PD

05/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date