

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718689

FILED
May 11, 2005
Secretary of State

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

Current Principal Place of Business:

597 N. THOMPSON RD.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

888 DON WILSON AVE
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-2392793 **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:

MEDINA, OMAR
888 DON WILSON AVE.
APOPKA, FL 32712 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: PDC () Delete
Name: MEDINA, OMAR
Address: 888 DON WILSON AVE.
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: EGLOFF, STEVE
Address: 106 OAKLEY CT
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: ZANFARDINO, PAT
Address: 2028 PALM VIEW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: RIDDICK, MILTON
Address: 2739 MENDELIN ST
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: RICHESON, STEVE
Address: 7104 OVERLAND RD
City-St-Zip: ORLANDO, FL 32810

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:

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 Section 119.07(3)(i), 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: OMAR MEDINA

PDC

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date