

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718689

FILED  
Feb 13, 2009  
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 ( )

**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: 301 HAVERLAKE CICLE  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: RICHESON, STEVE  
Address: 1650 SILVER FOX CIRCLE  
City-St-Zip: APOPKA, FL 32712

**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 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: OMAR MEDINA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PDC

02/13/2009

\_\_\_\_\_ Date