


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 719814</b>	
1. Entity Name TARPON SPRINGS CONGREGATION OF JEHOVAH'S WITNESSES, INC.	

Principal Place of Business WITNESSES, INC. 1209 E. OAKWOOD AVE. TARPON SPRINGS, FL 34689-5533 US	Mailing Address WITNESSES, INC. 1209 E. OAKWOOD AVE. TARPON SPRINGS, FL 34689-5533 US
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04272006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2388477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TYNER, DAVID 1219 E. TARPON AVENUE TARPON SPRINGS, FL 34689
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

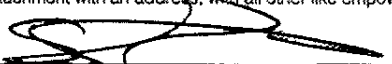
00000553762  
05/15/06-80065-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDANIEL, HARVEY N 241 TERRACE RD TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYNER, DAVID 1219 E TARPON AVE. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVALCHICK, SR., ANDREW 1315 GARDEN AVE. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PFEIFER, LEONARD 1620 TREASURE DRIVE TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFSMITH, EMYLN SR. 715 CHAROLETTE AVE TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

 **DAVID A. TYNER** 4/25/06 727.808.7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #