

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 719814

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**



04302007 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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TYNER, DAVID
1219 E. TARPON AVENUE
TARPON SPRINGS, FL 34689**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

U00000752430
05/21/07-80016-019 61.25

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 727-808-7941

Date

Daytime Phone #