


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 004 ****61.25

| | | | | | |
|---|--------------------------|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2388477 | |
| | | | | Applied For <input type="checkbox"/> 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | STD | | TITLE | | |
| NAME | MCDANIEL, HARVEY N | | NAME | | |
| STREET ADDRESS | 241 TERRACE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL | | CITY-ST-ZIP | | |
| TITLE | PD | | TITLE | | |
| NAME | TYNER, DAVID | | NAME | | |
| STREET ADDRESS | 1219 E TARPON AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | | |
| NAME | KOVALCHICK, SR., ANDREW | | NAME | | |
| STREET ADDRESS | 1315 GARDEN AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | CITY-ST-ZIP | | |
| TITLE | VD | | TITLE | | |
| NAME | PFEIFER, LEONARD | | NAME | | |
| STREET ADDRESS | 1620 TREASURE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | | |
| NAME | HUFSMITH, EMYLN SR. | | NAME | | |
| STREET ADDRESS | 715 CHAROLETTE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ | | | DAVID A. TYNER | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 4/24/08 | | |
| | | | Daytime Phone #: 727-808-7941 | | |

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