## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DÖCUMENT # 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

Mailing Address WITNESSES, INC 1209 E. OAKWOOD AVE. TARPON SPRINGS, FL 34689-5533 US FILED 08/10/19 Pii 2:48

TATE AMASSEE, FLORIDA

| TARPON SPRINGS, FL 34689-5533 US TARPON SPRINGS, FL 34689-5533 US  |   |   |               |                        |   |   | <br>  | <b>                                    </b>                       |                         |                      | DIEL E4 (EE) |            |
|--|---|---|---------------|------------------------|---|---|---|---|-------------------------|----------------------|--------------|------------|
| Principal Place of Business - No P.O. Box #     3. Mail  |   |   | iling Address |                        |   |   |   |   |                         |                      |              |            |
| Suite, Apt. #, etc. Sui  |   |   |               | ite, Apt. #, etc.      |   |   |   | 06022008  | Chg-NP                  | CR2E03               | 7 (12/06)    |            |
| City & State Cit   |   |   |               | ly & State             |   |   | 4. FEI Number Applied For 59-2388477 Not Applicable |   |                         |                      |              |            |
| Zip  | Zip Country Zip   |   |               | Country                |   |   |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                         |                      |              |            |
| -  |   | 7. Name and Address of New Registered Agent |               |                        |   |   |   |   |                         |                      |              |            |
| TYNER, DAVID<br>1219 E. TARPON AVENUE  |   |   |               |                        |   | Name Street Address (P.O. Box Number is Not Acceptable) |   |   |                         |                      |              |            |
| TARPON SPRINGS, FL 34689   |   |   |               |                        |   |   | •   |   |                         |                      |              |            |
|  |   | City  |               |                        |   | FL  | Zip Cod   |   |                         |                      |              |            |
| 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 |   |   |               |                        |   |   |   |   |                         |                      |              |            |
|  | 9. Election Campaign Financing Trust Fund Contribution.   |   |               |                        | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |   |   |   |                         |                      |              |            |
| 10. OFFICERS AND DIRECTORS   |   |   |               | 11.                    |   |   |   | ADDITIONS/CHA   | NGES TO OFFIC           | CERS AND DIF         | RECTORS IN   | 10         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STD<br>MCDANIEL, HARVEY N<br>241 TERRACE RD<br>TARPON SPRINGS, FL   |   |               | Delete                 | ET ADORESS  | <b>PD</b> Gai 176                                       |   |   |                         |                      |              |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD TYNER, DAVID 1219 E TARPON AVE. TARPON SPRINGS, FL 34689 D KOVALCHICK, SR., ANDREW 1315 GARDEN AVE. TARPON SPRINGS, FL 34689 |   | ☐ Delete      | TITLE<br>NAME<br>STREI |   | ST<br>Ty  | D<br>ner, Day                                       | vid   |                         | <b>⊠</b> Change      | ☐ Addition   |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |               | ☐ Delete               |   |   |   | rpon, S   | <del>prings,</del><br>- | <del>         </del> | Change       | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>PFEIFER, LEONARD<br>1620 TREASURE DRIVE<br>TARPON SPRINGS, FL   |   |               |                        |   |   |   | 11719708-01034-007 #61.25   |                         |                      |              | Addition   |
| TITLE NAMI STREET ADDRESS CITY-ST-ZIP  |   | Anu (20)                                    |               | ☐ De!ete               |   |   |   |   |                         |                      | Change       | Addition   |
| TITLE NAME STREET ADDRESS  |   |   |               | ☐ Delete               | TITLE<br>NAME<br>STREE  |   |   |   |                         |                      | Change       | Addition   |

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 6/3/05 1/2/1 Date Dayton