


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90024 019 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # 731814</b><br>1. Entity Name<br>SUMTER CONGREGATION OF JEHOVAH'S WITNESSES, INC.   |   |  |  |         |  |
| Principal Place of Business<br>KINGDOM HALL<br>1406 S.W 70TH AVE<br>BUSHNELL, FL 33513 US  |   |  | Mailing Address<br>KINGDOM HALL<br>P.O. BOX 863<br>BUSHNELL, FL 33513 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  | 4. FEI Number<br>59-2099437  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent                              |  |  |
| ANDERSON, JOHN B.<br>6266 S.W 14 DRIVE<br>BUSHNELL, FL 33513   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City       |  |  |
|  |   |  | State <b>FL</b> Zip Code   |  |  |
| 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 _____  |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |   | <b>Make check payable to Florida Department of State</b>                         |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D/T<br>FISHER, JOSEPH D<br>164 C/R/ 488<br>LAKE PANASOFFKEE, FL 33538 | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PIZZA, MICHAEL A<br>9732 S STEED TERR.<br>FLORAL CITY, FL        | <input checked="" type="checkbox"/> Delete                                       |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>TETTENBURN, LESLIE<br>8676 E. HAINES COURT<br>FLORAL CITY, FL   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GAINEY, FRANKLIN D<br>2936 SR 471<br>SUMTERVILLE, FL 33585       | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>ANDERSON, JOHN B<br>6266 SW 14TH DR.<br>BUSHNELL, FL 33513      | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HAMPTON, VERNON<br>12050 S. FERN PT.<br>FLORAL CITY, FL 34436    | <input type="checkbox"/> Delete  |  |  |  |
| 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: <i>John B. Anderson</i>   |   | John B. Anderson   |  | 3/17/08  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date   |  | Daytime Phone # 352-793-5788   |  |