

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731814

FILED
Mar 31, 2009
Secretary of State

Entity Name: SUMTER CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:

KINGDOM HALL
1406 S.W 70TH AVE
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

KINGDOM HALL
P.O. BOX 863
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-2099437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOHN B.
6266 S.W 14 DRIVE
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/T () Delete
Name: FISHER, JOSEPH D
Address: 164 C/R/ 488
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SD () Delete
Name: TETTENBURN, LESLIE,
Address: 8676 E. HAINES COURT
City-St-Zip: FLORAL CITY, FL

Title: D () Delete
Name: GAINEY, FRANKLIN D
Address: 2936 SR 471
City-St-Zip: SUMTERVILLE, FL 33585

Title: DP () Delete
Name: ANDERSON, JOHN B
Address: 6266 SW 14TH DR.
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: HAMPTON, VERNON
Address: 12050 S. FERN PT.
City-St-Zip: FLORAL CITY, FL 34436

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MILLARD, JOHN
Address: 11148 E.OWNBEY CT.
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. ANDERSON

D P

03/31/2009

Electronic Signature of Signing Officer or Director

Date