

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749879

FILED
Jan 27, 2007
Secretary of State

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

Current Principal Place of Business:

902 SCENIC HIGHWAY SOUTH
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1096
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-2383563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOVE, TIMOTHY
208 EAST MAGNOLIA ST.
DAVENPORT, FL 33836 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 () Delete
Name: POLING, GARY
Address: 105 N H.L. SMITH RD
City-St-Zip: HAINES CITY, FL

Title: D () Delete
Name: TEST, GENE C
Address: 206 EAST MAGNOLIA ST
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: FABSIK, MICHAEL,
Address: 120 S F STREET
City-St-Zip: HAINES CITY, FL

Title: D () Delete
Name: BAXTER, JAMES R
Address: 413 5TH STREET
City-St-Zip: DUNDEE, FL

Title: D () Delete
Name: BOVE, TIMOTHY
Address: P.O. BOX 1096
City-St-Zip: DAVENPORT, FL 33836

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY BOVE

_____ Electronic Signature of Signing Officer or Director

SEC

01/27/2007

_____ Date