


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 003 ****70.00

DOCUMENT # 749879

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



Principal Place of Business Mailing Address
902 SCENIC HIGHWAY SOUTH P.O. BOX 1096
HAINES CITY FL 33844 DAVENPORT FL 33836
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
120 S F ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Haines City FL

Zip Country Zip Country
33844 Polk

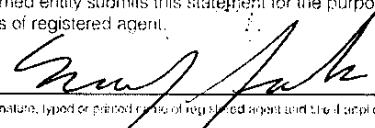
1st MOORE CR2E037 (10/07)
 4. FEI Number **59-2383563**
 Applied For No: Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOVE, TIMOTHY
208 EAST MAGNOLIA ST.
DAVENPORT FL 33836

7. Name and Address of New Registered Agent
 Name **Michael J Fabsik**
 Street Address (P.O. Box Number is Not Acceptable) **120 S F ST**
Haines City
 City **FL** Zip Code **33844**

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  DATE **3/11/08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	POLING, GARY	
STREET ADDRESS	105 N H.L. SMITH RD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEST, GENE C	
STREET ADDRESS	206 EAST MAGNOLIA ST	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABSIK, MICHAEL	
STREET ADDRESS	120 S F STREET	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAXTER, JAMES R	
STREET ADDRESS	413 5TH STREET	
CITY-ST-ZIP	DUNDEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOVE, TIMOTHY	
STREET ADDRESS	P.O. BOX 1096	
CITY-ST-ZIP	DAVENPORT FL 33836	
TITLE		<input type="checkbox"/> Delete
NAME	Thomas E. Eder	
STREET ADDRESS	220 W. LAKE INA DR.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond J. Giffen	
STREET ADDRESS	101 H.L. SMITH RD.	
CITY-ST-ZIP	Haines City FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **3/11/08**