

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749879

FILED
Apr 15, 2009
Secretary of State

Entity Name: HAINES CITY ENGLISH 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:

MICHAEL J FABSILO
120 S
HAINES CITY, FL 33844

New Mailing Address:

MICHAEL J FABSIK
120 F ST SOUTH
HAINES CITY, FL 33844

FEI Number: 59-2383563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABSIK, MICHAEL J
120 S E ST
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

FABSIK, MICHAEL J
120 F ST SOUTH
HAINES CITY, FL 33844 US

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:

04/15/2009

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: GRIFFIN, RAYMOND J
Address: 101 H.L. SMITH RD
City-St-Zip: HAINES CITY, FL 33330

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FABSIK, MICHAEL J
Address: 120 F ST SOUTH
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change () Addition
Name: EDER, THOMAS E
Address: 220 W LAKE INA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: GRIFFIN, RAYMOND
Address: 101 N H.L. SMITH RD
City-St-Zip: HAINES CITY, FL 33844

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

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: THOMAS E EDER

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date