2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757106

FILED Jan 19, 2009 Secretary of State

Entity Name: FORT LAUDERDALE ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	FFIN ROAD EST RANCHE	S, FL 33332			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	FFIN ROAD EST RANCHE	S, FL 33332			
FEI Number:	59-2077287	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
PADRON, 1 150 W 10 S 3					
HIALEAH, I	FL `3301 US				
The above in the State		submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (PADRON, FEL 150 W 10 ST A HIALEAH, FL	PT. #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ABOUD, EDUA 1372 NW 32 S MIAMI, FL 331	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (ROBERTO, LL 16461 SW 146 MIAMI, FL 331	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (ARTURO, MON 450 E 38TH ST HIALEAH, FL 3	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (TATUM, WILLI, 135 N. SHORE MIAMI BEACH,	DR. APT 4	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FELIX P. PADRON PD 01/19/2009