## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NONProfit Corporation

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1. Entity Name

FOREST CONGREGATION OF JEHOVAH'S WITNESSES. INCORPORATED

**FILED** Apr 07, 2004 08:00 AM Secretary of State

Principal Place of Business

13150 NE 1 ST RD SILVER SPRINGS, FL 34488 Mailing Address

13150 NE 1 ST RD SILVER SPRINGS, FL 34488



## DO NOT WRITE IN THIS SPACE

03142004 No Cha-NP

CR2E037 (10/03)

4. FEI Number 59-1992955

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, RICHARD D SR 13150 NE 1 ST RD SILVER SPRINGS, FL 34488

## DO NOT WRITE IN THIS COACE

		ì	IN THIS SPACE						
	named entity submits this statement for the tions of registered agent.	purpose of changing its registered	l office or n	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and ac	cept			
SIGNATURE.	Signature, typed or printed name of registered agent and file	le if applicable. (NOTE Registered)	Agent signature	required when reinstating)	DATE	- : <u>:</u>			
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000105322 - <del>U47U77U4-8U021-022-61.25</del>	. 1-			
10.	OFFICERS AND DIR	ECTORS			THE STATE OF THE STATES				
RILE NAME STREET ADDRESS CITY-ST-ZIP	VO HOGAN, ROBERT T 10854 NE CNTY HWY 314 SILVER SPRINGS, FL 34488								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINGS, RICHARD D SR 13150 N.E. 1ST ST. RD. SILVER SPRINGS, FL 34488								
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D ARDILES, HECTOR S 1635 SE 185TH CT. SILVER SPRINGS, FL 34488	-		DO	NOT WRITE				
TITLE NAME STREET ADORESS	STD DEES, DANIELS W III 17047 SE 95TH ST RD			IN	THIS SPACE				

CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS OCKLAWAHA, FL 32179

TYPED OR POHTED NAME OF SIGNING OFFICER OR DIRECTOR