

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90014 006 ****61.25

DOCUMENT # 764177 1. Entity Name FOREST CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED					
Principal Place of Business 13150 NE 1 ST RD SILVER SPRINGS, FL 34488 US			Mailing Address 13150 NE 1 ST RD SILVER SPRINGS, FL 34488 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1992955	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUMMINGS, RICHARD D SR 13150 NE 1 ST RD SILVER SPRINGS, FL 34488				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD		TITLE	☐ Change ☐ Addition	
NAME	HOGAN, ROBERT T		NAME		
STREET ADDRESS	10854 NE CNTY HWY 314		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	CUMMINGS, RICHARD D SR		NAME		
STREET ADDRESS	13150 N.E. 1ST ST. RD.		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	D		TITLE	☒ Change ☐ Addition	
NAME	ARDILES, HECTOR S		NAME	Slaughter, Larry	
STREET ADDRESS	1635 SE 185TH CT.		STREET ADDRESS	1815 SE 189th Ave.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	STD		TITLE	☐ Change ☐ Addition	
NAME	DEES, DANIELS W III		NAME		
STREET ADDRESS	17047 SE 95TH ST RD		STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: Daniel W. Dees III Daniel W. Dees III Mar. 16, 2005 1-352-288-3856 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					