

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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**



01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1992955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 SPACE

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 except the obligations of registered agent).

SIGNATURE

Signature typed or printed name of registered agent and the D applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VD
 NAME: HOGAN, ROBERT T
 STREET ADDRESS: 10854 NE CNTY HWY 314
 CITY-ST-ZIP: SILVER SPRINGS, FL 34488

TITLE: PD
 NAME: CUMMINGS, RICHARD D SR
 STREET ADDRESS: 13150 N.E. 1ST ST. RD
 CITY-ST-ZIP: SILVER SPRINGS, FL 34488

TITLE: D
 NAME: SLAUGHTER, LARRY
 STREET ADDRESS: 1815 SE 189TH AVE
 CITY-ST-ZIP: SILVER SPRINGS, FL 34488

TITLE: STD
 NAME: DEES, DANIELS W III
 STREET ADDRESS: 17047 SE 95TH ST RD
 CITY-ST-ZIP: OCKLAWAHA, FL 32179

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

100000401446
 02/02/06-80044-015 \$1.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard Cummings (Richard Cummings)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 1-352-625-1690
Date City/Phone #