


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 764177 1. Entity Name FOREST CONGREGATION OF JEHOVAH'S WITNESSES, INCORPORATED |  |
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|--|--|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-1992955 | Applied For <input type="checkbox"/> 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000656219 03/14/07-80017-010 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD 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 CITY-ST-ZIP | D SLAUGHTER, LARRY 1815 SE 189TH AVE SILVER SPRINGS, FL 34488 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DEES, DANIELS W III 17047 SE 95TH ST RD OCKLAWAHA, FL 32179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **2/18/07** **352-625-1690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #