2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #764177



Feb 20, 2008 8:00 am Secretary of State

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	CONGREGATION OF JEH DRATED /	HOVAH'S WITNESSE	s,		02-20-20	008 90003	030 *****	01.23
13150 NE 1	ee of Business ST RD NGS, FL 34488 US	Mailing Address 13150 NE 1 ST RD SILVER SPRINGS, FL 3	4488 US	,	Îsbin 18010 dina binada park 1801	11 1881 Oldin Alb ik I	HALL BIEH BIEH ALE	117 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0110	02008 Chg-NP	CR2E	037 (12/06)	
City & State		City & State			Number 9-1992955	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desire	ed 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			me and Address of Ne	w Registered	Agent	
CUMMING	S-BICHARDIO SR		Name					. [
CUMMINGS, RICHARD D SR			Street	Address (P.O. Bo	x Number is Not Accept	table)		
e.	in A		City		 -	F	Zip Cod	e
8. The above the obligat	named entity subtritis this statement factors of registered agent.	or the purpose of changing its	registered office	or registered ager	nt, or both, in the State o	of Florida. I an	n familiar with,	and accept
•	+ +3							
SIGNATURE	•							
SIGNATURE	Signature, typed or brinted name of registered agen	t and title if applicable. (NOT	E: Registered Agent sign	nature required when rein	stating)	DATE		
<		<u> </u>	npaign Financing	\$5.00) May Be	Make che	ck payable t	
<	Signature, typed or brinled name of registered agent	9. Election Car Trust Fund (npaign Financing	\$5.00 Added) May Be	Make che Florida Depa	ck payable t	ate
10. TILE	Filing Fee is \$61.25 -Due by May 1, 2008 OFFICERS AND DI	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 Added	May Be to Fees DNS/CHANGES TO OFF	Make che Florida Depa	ck payable t	ate
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Increay cerupy that the information supplied with this filling 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 out; 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.

352-625-1690