2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # 771195** 1. Entity Name 02-23-2005 90081 026 ****61.25 NORTH SPANISH CONGREGATION OF JEHOVAH'S WITNESSES, BRANDON, FLORIDA, INC. Principal Place of Business Mailing Address % ROMERO, MANUEL A. 1006 LUMSDEN TRACE CIRCLE 3233 MCINTOSH ROAD DOVER FL 33527 50018570 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2345431 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUDSON, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 4607 HUDSON OAKS LANE DOVER FL 33527 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE Delete TITLE ☐ Addition ROMERO, MANUEL A. NAME NAME 1006 LUMSDEN TRACE CIRCLE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE P/D √ Change Addition HUDSON, JONATHAN D NAME 4607 HUDSON OAKS LN. STREET ADDRESS STREET ADDRESS DOVER FL 33527 CITY-ST-7/P CITY-ST-ZIP THIE Delete TITLE ☐ Change Addition NAME NAME 1507 SUNNYHILLS DRIVE STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition FRANCISCO LOPEZ 14305 CLINTON STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOVER, FL 33527 FITLE ☐. Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP

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.

1/28/05 863-668-6135

Date Daytime Phone #

FILED