2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001390

FILED Jan 15, 2009 Secretary of State

Entity Name: CHRISTIAN CONGREGATION OF JEHOVAH'S WITNESSES, INC.

2024 DOL			14047 1 11110	New Principal Place of Business:		
	JTE 22 SON, NY 1256	32237				
Current Mailing Address:			New Mailing Address:			
2821 ROU PATTERS	JTE 22 SON, NY 1256	32237				
FEI Number	: 22-3765681	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
	JIM H RTH 15TH ST EE, FL 34142					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing it	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WOODY, CHA 2821 ROUTE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WEAVER, LEG 25 COLUMBI		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ADAMS, JOEL 2821 ROUTE		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	NONKES, WIL 2821 ROUTE		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	WEIGEL, STA 25 COLUMBIA		Title: Name: Address: City-St-Zip:	ASAT (X) Change () Addition WEIGEL, STANLEY F 2821 ROUTE 22 PATTERSON, NY 125632237		
Title: Name: Address: City-St-Zip:	CAMPBELL, N 2821 ROUTE		Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H NONKES ST 01/15/2009