**2007 NOT-FOR-PROFIT CORPORATION** 

## **ANNUAL REPORT (AR)**

DOCUMENT # N00000007912

1. Entity Namo



**FILED** Feb 12, 2007 08:00 AM Secretary of State

Succession Place of Business		CONGREGATION OF JEHO\ CITY, FLORIDA, INC.	VAH'S WITNESSES,			Secretar	<i>y</i> 01 ×	
PLANT CITY FL 33563  2. Pinnicial Place of Business - No F.O. Box # 3. Walling Address  Sulto, Apl. 4, eld  City & Salto  City & Salto  Country  Zip  Country  Xip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Xip  Country  Xip  Country  Zip  Country  Xip  Country  Zip  Country  Xip  Xip  Xip  Xip  Xip  Xip  Xip  Xi	Principal Plac	ce of Businoss	Mailing Addross					
2. Principal Place of Business - No P.O. Box #   3. Authority of Indicators   1st MOORE   CR2E937 (10/06)								
City & Stato  Since Address of Current Registered Agent  Thay Fig. WilLiam C 1920 N FRONTAGE RD PLANT CITY FL 33563  City FL Zo Code	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			14k 88    88    88    88    68	8 8 18 18 18 18 18 18 18 18 18 18 18 18	
Zp	Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MOO	1st MOORE CR2E037 (10/06)		
S. Name and Address of Current Registered Agent  THAYER, WILLIAM C 1920 N FRONTAGE RD PLANT CITY FL 33563  City  File  Stroot Address (P.O. Box Number is Not Accoptable)  City  File  City  FL  Zip Code  City	City & State		City & State			-1935586		
THAYER, WILLIAM C 1920 N FRONTAGE RD PLANT CITY FL 33563  8. The above named onlip submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accopt the familiar with and a	Zip	<u> </u>	1	Country		us Desired 🛂 🖟	ee Required	
THAYER, WILLIAM C 192 N FRONTAGE RD PLANT CITY FL 33563  6. The above named onlity 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    Plant City   Plant   Zep Code	7	6. Name and Address of Current	Registered Agent	Nama	7. Name and Addre	ss of New Registered A	gent	
1920 N FRONTAGE RD PLANT CITY FL 33563  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of Florida Pamiliar with, and accept the obligation of Florida Pamili				Name				
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B. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, bread or stroad name of registered agent and later 4 applicable. (NOTE Registered Agent agreeurs recursors when restrictions)  DATE  FILE NOW: FEE IS \$61.25  Due By May 1, 2007  OFFICERS AND DIRECTORS  11. ADDITIONS;CHANGES TO OFFICERS AND DIRECTORS IN 10  IIII  D. OFFICERS AND DIRECTORS  11. ADDITIONS;CHANGES TO OFFICERS AND DIRECTORS IN 10  IIIII  D. THAYER, WILLIAM C  SIRET JACKIES  CITY-SI-7P  PLANT CITY FL 33565  THE CHANGES  SIRET JACKIES  CITY-SI-7P  PLANT CITY FL 33565  THE CHANGES  SIRET JACKIES  CITY-SI-7P  THE  MAME  SIRET JACKIES  CITY-SI-7P  Detele  THE  Detele  THE  Detele  THE  Detele  THE  Detele  THE  Detele  THE  MAME  SIRET JACKIES  CITY-SI-7P  SIRET JACKIES  SIRET JACKIES  CITY-SI-7P  SIRET JACKIES  CITY-SI-7P  SIRET JACKIES  JACKIES  JACKIES  JACKIES  MAKE  MAKE  JACKIES  MAKE	10	1141 0111 1 2 30303		Cin			7 Tro Code	
SIGNATURE    SIGNATURE   Set				City		FL	Zip Code	,
Signature, Kneed or prised name of regulated agent available. (NOTE Registered Agent argent available of people in pure by May 1, 2007  10.	the obligat		or the purpose of changing its	s ragistarad offica or rag	gistored agont, or both, in th	e Stato of Florida. I am fa	amiliar with,	and accopt
Trust Fund Contribution.   Added to Fees   Florida Department of State	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO)	FE: Registered Agont signature re	rqured when remstating)	DATE		
Trust Fund Contribution.   Added to Fees   Florida Department of State		<del>*************************************</del>		· · · · · · · · · · · · · · · · · · ·				
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NAME SIREE ADDRESS CITY-SI-7/IP  THE PORTES, DONALD C SIREE ADDRESS CITY-SI-7/IP  THE SIREE ADDRESS CITY-SI-7/IP  THE DD Delete SIREE ADDRESS CITY-SI-7/IP  THE SIREE ADDRESS CITY-SI-7/IP  THE DD Delete SIREE ADDRESS CITY-SI-7/IP  THE DD DELETE DEL	ı	-						
SIRET ADDRESS   1920 NORTH FRONTAGE ROAD   PLANT CITY FL 33563   CITY-SI-7IP   Delete   Delete   DELETATION		Due By May 1, 2007	Trust Fund	Contribution.	Added to Fees	Florida Depart	ment of S	state
CITY-ST-7IP	10.	Due By May 1, 2007  OFFICERS AND DI	Trust Fund	Contribution.	Added to Fees	Florida Depart	ment of S	itate
THE   D	10. IIIII: NAME	Due By May 1, 2007  OFFICERS AND DI  D THAYER, WILLIAM C	Trust Fund	T11.  IIILI  NAMI:	Added to Fees	Florida Depart	ment of S	itate
NAME SIREI ADDRISS CITY ST-7IP  FULL  D SUTTON, EDWARD E SR. 3913 WILDER ROAD PLANT CITY FL 33565  CITY-SI-7IP  FULL  NAME SIREI ADDRISS	10. TITLE NAME STREET ADDRESS	Due By May 1, 2007  OFFICERS AND DI  D THAYER, WILLIAM C 1920 NORTH FRONTAGE ROAD	Trust Fund	T11.  IIIII  NAM!  STREET ADON'SS	Added to Fees  ADDITIONS;CHANGES	Florida Departs	ment of S	itate
SIREI ADDRESS CITY-SI-7IP PLANT CITY FL 33567 CITY-SI-7IP  D SUTTON, EDWARD E SR. 3913 WILDER ROAD PLANT CITY FL 33565 CITY-SI-7IP  TITE NAME SIREI ADDRESS	10. IIIII: NAME SIREEI AODRESS CITY-ST-ZIP	Due By May 1, 2007  OFFICERS AND DI  D THAYER, WILLIAM C 1920 NORTH FRONTAGE ROAD PLANT CITY FL 33563	Trust Fund	11. IIILE NAME STREET ADON'SS CHY-SI-7IP	Added to Fees  ADDITIONS;CHANGES	Florida Depart	ECTORS IN	10 Addition
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12. Thereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119. Florida Statutes. I further certify that the information	110.  IIIII: NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS CITY-SI-ZIP TITLE NAME SIBLEI ADDRESS CITY-SI-ZIP TITLE NAME SIREEI ADDRESS	Due By May 1, 2007  OFFICERS AND DIE  D THAYER, WILLIAM C 1920 NORTH FRONTAGE ROAD PLANT CITY FL 33563  D FORBES, DONALD C 805 KILGORE RD PLANT CITY FL 33567  D SUTTON, EDWARD E SR. 3913 WILDER ROAD	Trust Fund	T11.  THE NAME: STREET ADORS S CITY-SI-ZIP  THE NAME STREET ADDRESS CITY-SI-ZIP	Added to Fees  ADDITIONS;CHANGES	Florida Departs 5 TO OFFICERS AND DIR 00000634315 2707-80003-025	Change  Change  Change	10 Addition Addition Addition Addition

12. I heroby certify that the information supplied with this filling doos not qualify for the examplions contained in Section 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 eath; that I am an efficient 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:

SIGNATURE:

SIGNATURE AND TYPER OF DRIVER DESIGNED OF SIGNATURE CONTROLLED TO BE AND TYPER OF DRIVER OF SIGNATURE.