

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N00000007912

1. Entity Name
NORTH CONGREGATION OF JEHOVAH'S WITNESSES,
PLANT CITY, FLORIDA, INC.



Principal Place of Business
3202 NORTH MARYLAND AVENUE
PLANT CITY, FL 33563

Mailing Address
3202 NORTH MARYLAND AVENUE
PLANT CITY, FL 33563



01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1935586	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THAYER, WILLIAM C
1920 N FRONTAGE RD
PLANT CITY, FL 33563

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAYER, WILLIAM C 1920 NORTH FRONTAGE ROAD PLANT CITY, FL 33563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, DONALD C 805 KILGORE RD PLANT CITY, FL 33567
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, EDWARD E SR. 3913 WILDER ROAD PLANT CITY, FL 33565
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/14/08-80004-016 70.00

DO NOT WRITE
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:

WILLIAM C THAYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-08

813-716-6288
Daytime Phone #