

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007959

FILED  
Jan 16, 2005  
Secretary of State

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

**Current Principal Place of Business:**

3872 PRADO DR  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

3872 PRADO DR  
SARASOTA, FL 34235

**New Mailing Address:**

**FEI Number:** 65-1068784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARREN, BOBBY J  
5019 ELFRIDA AVENUE  
SARASOTA, FL 34235 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARTINO, SALVATORE JR  
Address: 3872 PRADO DR  
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete  
Name: WARREN, BOBBY J  
Address: 5019 ELFRIDA AVE  
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete  
Name: DILORENZO, SALVATORE  
Address: 4018 PRADO DRIVE  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DILORENZO, SALVATORE  
Address: 3100 HAWTHORNE ST #48  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOBBY J WARREN

D

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date