


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # N01000000043 | |  |
| 1. Entity Name SPANISH OVIEDO CONGREGATION OF JEHOVAH'S WITNESSES, INC. | | |
| Principal Place of Business 1001 MOCCASIN RUN RD. OVIEDO, FL 32765 | Mailing Address 1001 MOCCASIN RUN RD. OVIEDO, FL 32765 | |



01282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------------|
| 4. FEI Number 59-3440700 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DUEN, RICHARD 1001 MOCCASIN RUN RD. OVIEDO, FL 32765 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000653161
02/13/07-80009-009 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUEN, RICHARD 1001 MOCCASIN RUN RD. OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASIANO, CECILIO JR. 1159 WASHINGTON ST. OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROMAN, ELVIN 328 QUEEN AVENUE OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANTIAGO, MOISES 798 RICH DR. OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, ANIBAL 130 E 11 ST OVIEDO, FL 32766 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VALLEJO, EDWARD 2990 GRANOR VILLA CIR APT 214 OVIEDO, FL 32765 |

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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: Richard Duen **RICHARD DUEN** 2/26/07 407-312-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #