## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N01000000043



Sep 11, 2008 8:00 am Secretary of State

**FILED** 

1. Entity Name SPANISH OVIEDO CONGREGATION OF JEHOVAH'S WITNESSES, INC.								09-11	1-2008	90003	020 ***	*61.25	
				Address MOCCASIN RUN RD. D, FL 32765									
Principal Place of Business - No P.O. Box #     3. Mailing Address													
Suite, Apt. #, etc. Si			Suite, Apt, #, etc.				07232008	Chg-NP		CR2E0	37 (12/06)		
City & State Ci			ity & State				4. FEI Numb		<del></del>		<u> </u>	pplied For ot Applicable	
Zip	Country		Zip	Zip Co		ntry		5. Certificate	of Status De	sired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Current	Registere	d Agent		Ī		7. Name and	d Address of	New Re	gistered .	Agent	
						Name		·		T			*
DUEN, RICHARD 1001 MOCCASIN RUN RD. OVIEDO, FL 32765						Street A	ddress (F	O. Box Numb	per is Not Acc	eptable)			
VILLO, 1 E 02100				City							FL	Zip Cod	1e
	t	N/				<u> </u>						·	
	i named enur lions of regis	ty submits this statement to dered agent.	or the purp	ose of changing its f	egistere	ed office or	registere	ed agent, or bo	oun, in une Sta	19 OF FIOR	da.iami	tamillar with	, and accept
SIGNAȚURE .	Signature, typed	d or printed name of registered agent	it and title if app	écable. (NOTE:	Registere	d Agent signat.	ure required	when reinstating)			DATE	,	
-	Filing Fe	d or printed name of registered agent see is \$61.25 ptember 12, 2008	t and little if app	9. Election Camp Trust Fund Co	paign F	inancing	<del></del>	\$5.00 May Added to Feet			ke chec	k payable t	
-	Filing Fe	e is \$61.25		9. Election Camp	paign F	inancing	<u> </u>	\$5.00 May	5	Florid	ke checi la Depai	tment of S	itate
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: \_

OVIEDO, FL 32765

CITY-ST-ZIP

407-312-2506