## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004063

FILED Jan 21, 2009 Secretary of State

Entity Nam	ne: CALUSA S	SPANISH CONGREGATION C	F JEHOVAH'S WITNESSES	, INC.	
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3650 SW 10 MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7810 SW 1: MIAMI, FL					
FEI Number:	06-5002965	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	EZ-ACUNA, RA 10TH TERRAC 33184 US				
The above in the State		ubmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () FERNANDEZ-AC 13174 SW 10TH MIAMI, FL 3318	TERRACE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () HERNANDEZ, G 5201 SW 129TH MIAMI, FL 3317	I AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () SANCHEZ, IVAN 7810 SW 127 C MIAMI, FL 3318	OURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IVAN SANCHEZ SD 01/21/2009