

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004079

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** MIDTOWN CONGREGATION OF JEHOVAH'S WITNESSES, ST. PETERSBURG, FLORIDA, INC.

**Current Principal Place of Business:**

4150 55TH STREET NORTH  
APT. 1122  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

4150 55TH STREET NORTH  
APT. 1122  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

**FEI Number:** 50-0003823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PERRY, BILLY C  
4150 55TH STREET NORTH  
APT. 1122  
ST. PETERSBURG, FL 33709 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: PRES ( ) Delete  
Name: PERRY, BILLY C  
Address: 4150 55TH STREET NORTH APT. 1122  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP ( ) Delete  
Name: BOTTOMS, JIM JR  
Address: 5491 34 AV N.  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: SEC ( ) Delete  
Name: SWANSON, PHIL  
Address: 4215 78TH WAY N.  
City-St-Zip: ST. PETERSBURG, FL 33709

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

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

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

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

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: BILLY C PERRY

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date