

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N08440
1. Entity Name
**THE TAMPA, FLORIDA SEMINOLE HEIGHTS
CONGREGATION OF JEHOVAH'S WITNESSES, INC.**



Principal Place of Business Mailing Address
1901 E GIDDENS AVE **1601 E NO BAY STR**
TAMPA, FL 33610 US **TAMPA, FL 33610 US**



03132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2887972** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
REED, SR. W K.
1601 E. NORTH BAY STREET
TAMPA, FL 33610

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

000000271776
03/21/05-80062-008 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLIAMS, THOMAS L III 1412 E HANNA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, SR. W K. 1601 E. NORTH BAY STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOZEMAN, ROBERT 2421 E. CRYUGA ST. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Walter K Reed* **WALTER K. REED** **3-16-2005** **813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #