


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2006 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



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-2887972 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

U00000383582
01/13/06-80022-020 61.25

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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 info empowered.

SIGNATURE: *Walter Reed* 1-8-2006 (813) 238-2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #