


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N08948		
1. Entity Name NORTH CONGREGATION OF JEHOVAH'S WITNESSES, LIVE OAK, FLORIDA, INC.		
Principal Place of Business KINGDOM HALL OF JEHOVAH'S WITNESSES 4468 NORTH US HWY 129 LIVE OAK, FL 32060 US		Mailing Address 10853 73RD COURT LIVE OAK, FL 32060 US
DO NOT WRITE IN THIS SPACE		
		01242007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-2378803		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent W. ROBERT CUNERD 10853 73RD COURT LIVE OAK, FL 32060		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. CUNERD, W. ROBERT DIRECTOR 10853 73RD COURT LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MCCUSKER, ROBERT C. 7656 RIVER RD. LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. GIELENFELDT, DOUGLAS C. 1633 INGLESIDE DR. LIVE OAK, FL 32064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 like empowered.		
SIGNATURE: <u>W. Robert Cunerd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> W. Robert Cunerd.		2/4/07 386-364-7772 <small>Date Daytime Phone #</small>