

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N16552**

1. Entity Name  
**THE TAMPA, FLORIDA UNIVERSITY CONGREGATION  
OF JEHOVAH'S WITNESSES, INC.**



Principal Place of Business  
**11730 NORTH OLA AVENUE  
TAMPA, FL 33612**

Mailing Address  
**2538 LAKE ELLEN CIR.  
TAMPA, FL 33618 US**

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2384408**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARKER, JAMES  
10806 LEO STREET  
TAMPA, FL 33612**

**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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARKER, JAMES 10806 LEO STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERRY, NORMAN H. 2538 LAKE ELLEN CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CLYDE 23 TOWERY TR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000181577  
01/18/05-80003-011 61.25

**DO NOT WRITE  
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:**

*Norman H. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-7-2005 813-961-0642*

Date

Daytime Phone #