


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N16552 1. Entity Name THE TAMPA, FLORIDA UNIVERSITY CONGREGATION OF JEHOVAH'S WITNESSES, INC.	
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Principal Place of Business
**11730 NORTH OLA AVENUE
TAMPA, FL 33612**

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



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2384408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

B. Name and Address of Current Registered Agent

**BARKER, JAMES
10808 LEO STREET
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

B. 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**

D. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000436303

02/27/06-60031-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARKER, JAMES 10808 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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2-13-2006 813-961-0642

Date

Daytime Phone #