


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16552</b>	
1. Entity Name <b>THE TAMPA, FLORIDA UNIVERSITY CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>	

Principal Place of Business <b>11730 NORTH OLA AVENUE TAMPA, FL 33612</b>	Mailing Address <b>2538 LAKE ELLEN CIR. TAMPA, FL 33618 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>BARKER, JAMES 10806 LEO STREET TAMPA, FL 33612</b>
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	

U000000338115  
05/27/08-80077-019 61.25

**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:** Norman H. Perry 2-28-2008 813-961-0642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #