

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17991

FILED
Jan 16, 2009
Secretary of State

Entity Name: WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

900 RED MILLS RD
WALLKILL, NY 125893223 US

New Principal Place of Business:

Current Mailing Address:

900 RED MILLS RD
WALLKILL, NY 125893223 US

New Mailing Address:

FEI Number: 58-1711312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, JIM H
555-B N 15TH ST
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEARSON, LEONARD R
Address: 900 RED MILLS RD
City-St-Zip: WALLKILL, NY 125893223

Title: VD () Delete
Name: TURCOT, MAURICE C
Address: 100 WATCHTOWER DR
City-St-Zip: PATTERSON, NY 125639205

Title: VD () Delete
Name: RODRIGUEZ, ALEJANDRO G
Address: 900 RED MILLS RD
City-St-Zip: WALLKILL, NY 125893223

Title: STD () Delete
Name: QUESTELL, MARK L
Address: 25 COLUMBIA HEIGHTS
City-St-Zip: BROOKLYN, NY 112012483

Title: D () Delete
Name: PERLA, BALTAZAR JR
Address: 25 COLUMBIA HEIGHTS
City-St-Zip: BROOKLYN, NY 112012483

Title: D () Delete
Name: MOODY, JIM H
Address: 555-B N 15TH ST
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK L QUESTELL

ST

01/16/2009

Electronic Signature of Signing Officer or Director

Date