


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N18689 1. Entity Name DUNNELLON, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.	
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Principal Place of Business 619 W. WITHALACOOCHEE TRAIL P.O. BOX 845 DUNNELLON, FL 34430	Mailing Address 619 W. WITHALACOOCHEE TRAIL P.O. BOX 845 DUNNELLON, FL 34430
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01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2823173	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, RICHARD 8749 N. CASCADE POINT DUNNELLON, FL 34434

**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, 2007**

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	D DAVIS, RICHARD 8749 N. CASCADE POINT DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, JOSEPH R 3474 W. WEBSTER PL DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITARD, RENE 9969 N SANDREE DR CITRUS SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/07-80068-023 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-7007
Date

1-352-465-2707
Daytime Phone #