

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90073 043 \*\*\*\*61.25

**DOCUMENT # N18689**

1. Entity Name  
**DUNNELLON, FLORIDA, CONGREGATION OF  
JEHOVAH'S WITNESSES, INC.**



Principal Place of Business

619 W. WITHALACOOCHIE TRAIL  
P.O. BOX 845  
DUNNELLON, FL 34430

Mailing Address

619 W. WITHALACOOCHIE TRAIL  
P.O. BOX 845  
DUNNELLON, FL 34430



01112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2823173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DAVIS, RICHARD  
STREET ADDRESS 8749 N. CASCADE POINT  
CITY-ST-ZIP DUNNELLON, FL

TITLE D  
NAME HOFFMAN, JOSEPH R  
STREET ADDRESS 3474 W. WEBSTER PL  
CITY-ST-ZIP DUNNELLON, FL 34433

TITLE D  
NAME PITARD, RENE  
STREET ADDRESS 9969 N SANDREE DR  
CITY-ST-ZIP CITRUS SPRINGS, FL

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph R. Hoffman* Joseph R. Hoffman, 1-25-08 352-489-2885