## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18689

FILED Jan 13, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

619 W. WITHALACOOCHEE TRAIL 619 W. WITHLACOOCHEE TRAIL

P.O. BOX 845 DUNNELLON, FL 34430 DUNNELLON, FL 34430

Current Mailing Address: New Mailing Address:

619 W. WITHALACOOCHEE TRAIL P.O. BOX 845

P.O. BOX 845 DUNNELLON, FL 34430 DUNNELLON, FL 34430

FEI Number: 59-2823173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, RICHARD L PRES.
8749 N. CASCADE POINT
DUNNELLON, FL 34434 US
DAVIS, RICHARD L PRES.
8749 N. CASCADE POINT
DUNNELLON, FL 34434 US

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: RICHARD L. DAVIS 01/13/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 DAVIS, RICHARD,
 Name:
 DAVIS, RICHARD L PRES.

 Address:
 8749 N. CASCADE POINT
 Address:
 8749 N. CASCADE POINT

City-St-Zip: DUNNELLON, FL CASCADE POINT Address. 6749 N. CASCADE POIN City-St-Zip: DUNNELLON, FL 34434

Title: Title: (X) Change ( ) Addition ( ) Delete Name: HOFFMAN, JOSEPH R Name: MOYER, WILLIAM H V. PRES Address: 3474 W. WEBSTER PL Address: 1077 W. VIRGINIS DR. City-St-Zip: DUNNELLON, FL 34433 City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D ( ) Delete Title: SECR (X) Change ( ) Addition

 Name:
 PITARD, RENE
 Name:
 MURRAY, SEAN F SECR.

 Address:
 9969 N SANDREE DR
 Address:
 4489 W. PAPOOSE LN.

 City-St-Zip:
 CITRUS SPRINGS, FL
 City-St-Zip:
 CITRUS SPRINGS, FL
 34465

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: WILLIAM H. MOYER V. P 01/13/2009