2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## DOCUMENT # N19938

1. Entity Name SILVER SPRINGS SHORES CONGREGATION OF JEHOVAH'S WITNESSES, INC.

**FILED** Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90170 015 \*\*\*\*70.00

Principal Place of Business			Mailin	Mailing Address									
5221 PECAN RD OCALA FL 34472 US				9301 BAHIA TRACK WAY OCALA FL 34472									
				Mailing Address			.	11818-18118-18189-6(181			TOUR BI INNI		
Suite, Apt. #, etc.			20. Box 83/00/ Suite, Apt. #, etc.			1st MOORE CR2E037 (10/06)							
· ·			_	Cala, FL			_	4. FEI Number 59-2823321			<b>→ → ·</b> ·	oplied For ot Applicable	
Zip Country			Zij	Zip Coi		untry		5 Carlificate of Status Desired			\$8.75 Add	\$8.75 Additional Fee Required	
	6. Name	and Address of Currer			TIAK			7. Name and Add	ress of New Re	gistere	<u></u>		
						Name							
EDWARDS, DARRÊLL B 9301 BAHIA TRACK WAY SILVER SPRINGS SHORES OCALA FL 34472						Street Address (P.O. Box Number is Not Acceptable)							
						City				F	Zip Cod	0	
		y submits this statement	for the purp	ose of changing it	s register	ed office or	register	ed agent, or both, in	the State of Flor			and accept	
the obligat	tions of regist	lerod agonl.											
SIGNATURE .	Slonature, typed	or printed name of redistored age	nt and little if an	olicable. (NO	TE Registere	d Aneni signatui	re redured	when reinstaing)	<u>.</u>	DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			<b>\$5.00</b> May Be Added to Fees			ck Payable artment of \$			
10.	<b></b>	OFFICERS AND D	IRECTORS		11.		ļ	ADDITIONS/CHANGE	S TO OFFICER	S AND I	DIRECTORS IN	l 10	
name	PD EDWARDS	S, DARREL B.		☐ Delete	THE NAM						☐ Change	Addition	
STREET ADDRESS CITY ST-71P	9301 BAH OCALA FI	IA TRACK WAY				ELADORESS SLZP							
uric	STD			☐ Delele	TITLE						Change	Addition	
NAMI. STREET ADDRESS	JORDAN, 10461 S.E	ROBERT . 106TH CT.			■ NAM SIDE	T LADDRESS							
CHY S1-ZIP	CANDLER	FL			CHY	S1 7IP							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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 will an address, with all other like empowered.

SIGNATURE: