## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 31, 2004 8:00 am Secretary of State DOCUMENT # N21852 1. Entity Name 03-31-2004 90032 018 \*\*\*\*61 25 DELRAY BEACH, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC. Mailing Address Principal Place of Business 12900 BARWICK RD C/O JAMES MURRAY JR 2542 DORSON WAY DELRAY BCH FL 33445 **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address 2900 Barrick 2594 DOrSON Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Delrux City & State 4. FEI Number Applied For City & State 33445 65-0046258 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33445 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NSFA MORRITT, GEORGE 2915 S.W. 15TH ST., #103 **DELRAY BEACH FL 33445** 33445 Zip Code 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 registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Addition A Change TITLE Delete RAMOS, MARK NAME NAME 4573 Swa Rise Blue 4552 BRADY BLVD STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 Delray Boach, FL 33445 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE GERLACH, RALPH V. NAME 89 NE 64A CT 1050 DOTTEREL RD. #314-3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MURRAY, JAMES JR. NAME NAME 807 N. Cee Rd 2542 DORSON WAY STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Addition TITLE ☐ Delete POLIANDTO, CARMELO NAME NAME 2915 SW 15TH STREET #203 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE MORRITT, GEORGE NAME MARKE 2915 SW 15TH STREET #103 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE OSMAN, RODGER NAME NAME P.O. BOX 216 NA STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MUrray

FILED

Daytime Phone #