## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21852

FILED Jul 06, 2005 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 12900 BARWICK RD DELRAY BEACH, FL 33445 US **Current Mailing Address: New Mailing Address:** 2554 DORSON WAY 4807 NORTH LEE ROAD DELRAY BCH, FL 33445 US DELRAY BCH, FL 33445 US FEI Number: 65-0046258 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACOSTA, GERARDO 4708 N LEE RD DELRAY BEACH, FL 33445 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete FOLIANDRO, CARMINE POLIANDRO, CARMINE Name: Name: 4573 SUNRISE BLVD Address: 4573 SUNRISE BLVD Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: () Change () Addition MURRAY, DARRIN L Name: Name: Address: 689 NE 6TH COURT Address: BOYNTON BEACH, FL 33436 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MURRAY, JAMES JR., Name: Name: 2542 DORSON WAY Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: Title: Name: POLIANDTO, CARMELO Name: POLIANDRO, CARMELO 2915 SW 15TH STREET #203 Address: 2915 SW 15TH STREET #203 Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: () Change () Addition ACOSTA, GERARDO Name: Name: 4807 N LEE RD Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: () Delete Title: () Change () Addition OSMAN, RODGER Name: Name: Address: P.O. BOX 216 NA Address: DELRAY BEACH, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMINE POLIANDRO D 07/06/2005