


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90011 040 ****70.00

DOCUMENT # N21852			
1. Entity Name DELRAY BEACH, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.			
Principal Place of Business 12900 BARWICK RD DELRAY BEACH FL 33445 US		Mailing Address 4807 NORTH LEE ROAD DELRAY BCH FL 33445 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2554 Dorson Way Suite, Apt. #, etc.	
City & State Zip Country		City & State Delray Beach Fla. Zip 33444 Country Palm Beach	
4. FEI Number 65-0046258		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ACOSTA, GERARDO 4708 N LEE RD DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent Name Street Address City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLIANDRO, CARMINE 4573 SUNRISE BLVD DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, DARRIN L 689 NE 6TH COURT BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerardo Acosta is to <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition assume duties of Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, JAMES JR. 2542 DORSON WAY DELRAY BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLIANDRO, CARMELO 2915 SW 15TH STREET #203 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Gagne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 530 Sandpiper Circle Delray Beach 33445 (AS Director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACOSTA, GERARDO 4807 N LEE RD DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carmelo Poliandro is to <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition assume duties of Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSMAN, RODGER P.O. BOX 216 NA DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *(James Murray Jr.)* **2/28/06 (561-504-0356)**