


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

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90026 035 \*\*\*\*70.00

<b>DOCUMENT # N21852</b>			
1. Entity Name <b>DELRAY BEACH, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>			
Principal Place of Business 12900 BARWICK RD DELRAY BEACH FL 33445 US		Mailing Address 2554 DORSON WAY DELRAY BEACH FL 33444 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0046258</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
ACOSTA, GERARDO 4907 <del>4708</del> N LEE RD DELRAY BEACH FL 33445		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Gerardo Acosta Gerardo Acosta 3/11/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: POLIANDRO, CARMINE STREET ADDRESS: 4573 SUNRISE BLVD CITY-ST-ZIP: DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Young Joe N. STREET ADDRESS: 6028 S.W. 9th Ct. CITY-ST-ZIP: Delray Beach, Fla. 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: ACOSTA, GERARDO STREET ADDRESS: 689 NE 6TH COURT CITY-ST-ZIP: BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE: S NAME: Acosta Gerardo STREET ADDRESS: 4807 N. Lee Rd. CITY-ST-ZIP: Delray Beach Fla 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: MURRAY, JAMES JR. STREET ADDRESS: 2542 DORSON WAY CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: POLIANDRO, CARMELO STREET ADDRESS: 2915 SW 15TH STREET #203 CITY-ST-ZIP: DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Thomas C. Gagne STREET ADDRESS: 530 Sandpiper Circle CITY-ST-ZIP: Delray Beach Fla. 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: POLIANDIOTO, CARMELO STREET ADDRESS: 4807 N LEE RD CITY-ST-ZIP: DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	TITLE: V NAME: Poliandro Carmelo STREET ADDRESS: 2460 Juniper Dr. #103 CITY-ST-ZIP: Delray Beach Fla. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OSMAN, RODGER STREET ADDRESS: P.O. BOX 216 NA CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE: D NAME: Osman Rodger STREET ADDRESS: 12375 S. Military Tr. # 192 CITY-ST-ZIP: Boynton Beach, Fla 33436	<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: Gerardo Acosta Gerardo Acosta 3/11/07 565-495-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #