2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N22028



FILED Apr 13, 2007 8:00 am Secretary of State

1. Entity Name HILLS CONGREGATION OF JEHOVAH'S WITNESSES, INC.					04-13-20	07 90164 016 ***'	*61.25		
Principal Place of Business 6045 DUVAL STREET 6045 DUVAL STREET HOLLYWOOD, FL 33024 Mailing Address 6045 DUVAL STREET HOLLYWOOD, FL 33024			4						
2. Principal Place of	Business - No P.O. Box #	3. Mailing Address	•						
Suite, Apt. #. etc.		Suite, Apt, #, etc.		0402200	7 Chg-NP	CR2E037 (12/06)			
City & State		City & State	City & State		mber 007025		pplied For		
Zip	Country	Zip	Country		ate of Status Desired	Fee Require			
5. Name and Address of Current Registered Agent				7. Name a	and Address of New	Registered Agent			
BRIGHT, WALT	ER .			homas DING	18011				
6045 DUVAL ST. HOLLYWOOD, FL 33024				Street Address (P.O. Box Number is Not Acceptable)					
			1	MARAMAK F	L -	330;	3 3		
			City			FL Zip Coo	de		
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 Thomas Dihapoli PO april 4,07									
Slonatia	s, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent sizes		١	D.4.77			
				ture required when reinstating	,	DAIE			
Filin	g Fee is \$61.25 by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing	\$5.00 Ma	nv Be	Make check payable torida Department of S			
Filin	—	Trust Fund Co	paign Financing	S5.00 Ma Added to Fe	y Be Fig.		itate		
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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: Thomas Whasholi	apr. 4,07	454 985-2547
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR	Date	Daytime Phone #