

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

9-11-2008
FILED
Check # 1593
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N25248

1. Entity Name
**PORT ST. JOHN, FLORIDA CONGREGATION OF
JEHOVAH'S WITNESSES, INC.**



Principal Place of Business

**6250 MARCY ST.
COCOA, FL 32927**

Mailing Address

**6250 MARCY ST.
COCOA, FL 32927**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2891664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLOEGER, STANLEY
6250 MARCY ST.
COCOA, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALBROOK, ALONZO
STREET ADDRESS	5105 GARFIELD ST
CITY-STATE-ZIP	COCOA, FL
TITLE	D
NAME	RAO, ALFONSE
STREET ADDRESS	819 LANAWHA STREET
CITY-STATE-ZIP	COCOA, FL
TITLE	D
NAME	PLOEGER, STANLEY
STREET ADDRESS	6250 MARCY ST.
CITY-STATE-ZIP	COCOA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000783381
01/16/08-80012-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Stanley Ploeger **STANLEY PLOEGER**

1-5-08

321 636 8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #