

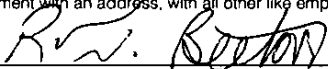


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N25249</b> 1. Entity Name <b>ROCKLEDGE CONGREGATION OF JEHOVAH'S WITNESSES, ROCKLEDGE, FLORIDA, INC.</b>						<b>FILED</b> <b>07 DEC 14 AM 10: 29</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>1325 HUNTINGTON LANE ROCKLEDGE, FL 32955</b>				Mailing Address <b>P O BOX 561451 ROCKLEDGE, FL 32956-1451 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>CHANEY, BOBBY 1208 ADMIRALTY BLVD ROCKLEDGE, FL 32955</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED CHANEY, BOBBY 1208 ADMIRALTY BLVD ROCKLEDGE, FL 32955</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED BEETAR, ROBERT 5098 WEXFORD DR. VIERA, FL 32955</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY + TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED PARISI, JAMES 7816 CITRUS CREEK DR MELBOURNE, FL 32940</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EDLER GREGORY W. KREMS VENTURA AT TURTLE CREEK 3848 LEXMARK LN APT# 210 ROCKLEDGE FL 32955</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED BIANCO, FRANCESCO 1813 HENSLEY DR ROCKLEDGE, FL 32955</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED CARR, THOMAS 4661 RECTOR RD COCOA, FL 32926</b> <input type="checkbox"/> Delete			<div style="text-align: center;"> <b>800113354968</b>  <b>12/24/07--01004--015 **70.00</b> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED JACKSON, SCOTT C 1043 BRUMPTON PLACE VIERA, FL 32955</b> <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 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.							
<b>SIGNATURE:</b> 				<div style="display: flex; justify-content: space-between;"> <span><b>12/12/07</b></span> <span><b>321.504-0600</b></span> </div>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			