

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26468

FILED
Apr 30, 2005
Secretary of State

Entity Name: WEST MIRAMAR CONGREGATION OF JEHOVAHS WITNESSES, INC.

Current Principal Place of Business:

1821 SW 97 AVE
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

1001 SW 95 TERRACE
PEMBROKE PINES, FL 33025 US

New Mailing Address:

FEI Number: 65-0048792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TREVOR
9760 SW 13 STREET
PEMBROKE PINES, FL 330253666 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARDSON, JOHN
Address: 1001 SW 95 TER
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: PALMER, DAVID
Address: 2264 SW 119 AVE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: BUDRAM, STANFORD
Address: 3396 FOXCROFT ROAD #203
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: CHAMBERS, KENNETH
Address: 7301 RAMONA STREET
City-St-Zip: MIRAMAR, FL 33023

Title: STD () Delete
Name: WILLIAMS, TREVOR
Address: 9760 SW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: ROWAN, HERRICK
Address: 8911 ANDORA DRIVE
City-St-Zip: HOLLYWOOD, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARDSON JOHN

PD

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date