

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# N26468

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:

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

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

Title: D (X) Change ( ) Addition  
Name: JARMAN, PETER  
Address: 9600 SW 11ST  
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TREVOR L. WILLIAMS

D

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date