


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

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # N26468**

1. Entity Name  
**WEST MIRAMAR CONGREGATION OF JEHOVAHS WITNESSES, INC.**



Principal Place of Business <b>1821 SW 97 AVE</b> <b>MIRAMAR, FL 33025 US</b>	Mailing Address <b>1001 SW 95 TERRACE</b> <b>PEMBROKE PINES, FL 33025 US</b>
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**DO NOT WRITE IN THIS SPACE**



03012008 No Chg-NP CR2E037 (4/06)

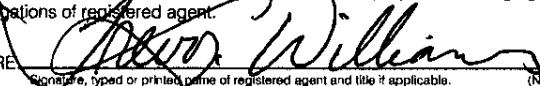
4. FEI Number <b>65-0048792</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, TREVOR**  
**9760 SW 13 STREET**  
**PEMBROKE PINES, FL 33025-3666**

**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:  DATE: **March 2, 2008**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOHN 1001 SW 95 TER PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, DAVID 2264 SW 119 AVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDRAM, STANFORD 3396 FOXCROFT ROAD #203 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, KENNETH 7301 RAMONA STREET MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, TREVOR 9760 SW 13 STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARMAN, PETER 9600 SW 11ST PEMBROKE PINES, FL 33025

**DO NOT WRITE IN THIS SPACE**

00000852806  
03/26/08-80044-009 61.25

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:  DATE: **3/2/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #