


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 005 \*\*\*\*61.25

<b>DOCUMENT # N26915</b> 1. Entity Name <b>HOLLYWOOD CENTRAL CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>					
Principal Place of Business <b>5632 SOUTHWEST 27TH STREET HOLLYWOOD, FL 33023-4120 US</b>			Mailing Address <b>C/O FLOYD PITTMAN 2418 MAYO ST. HOLLYWOOD, FL 33020-5840</b>		
2. Principal Place of Business - No P.O. Box # <b>5632 SOUTHWEST 27TH ST.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>WEST PARK, FL</b>		City & State		4. FEI Number <b>65-0068428</b>	
Zip <b>33023-4120</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PITTMAN, FLOYD 2418 MAYO ST. HOLLYWOOD, FL 33020-5840</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 renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>TPD JANKOVICH, STEVEN 4710 JEFFERSON STREET HOLLYWOOD, FL 330217624</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD LEON, OSWALD E. 4521 S.W. 22ND STREET HOLLYWOOD, FL 330233335</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD LEON, OSWALD E. 4521 S.W. 22ND ST. WEST PARK, FL 33023-3335</b> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD YOUNG, ROGERS 5836 S. W. 27TH ST. HOLLYWOOD, FL 330234128</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD YOUNG, ROGERS 5836 S.W. 27TH ST. WEST PARK, FL 33023-4128</b> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VPD PITTMAN, FLOYD 2418 MAYO ST HOLLYWOOD, FL 330205840</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D HAYE, TYRONE 1901 SOUTHWEST 48TH AVENUE TAMPA, FL 336233357</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D HAYE, TYRONE 1901 S.W. 48TH AVE WEST PARK, FL 33023-3357</b> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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: <u>Floyd Pittman</u> FLOYD PITTMAN VPD 2/23/2007 954-579-9388</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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