

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90059 008 ****61.25

0000000000 N27024

1. Entity Name
**DUNEDIN CONGREGATION OF JEHOVAH'S WITNESSES
INC.**



Principal Place of Business
**1077 IDLEWILD DR NORTH
DUNEDIN, FL 34698 US**

Mailing Address
**% AGATINO ORLANDO
1077 IDLEWILD DR. NORTH
DUNEDIN, FL 34698**

DO NOT WRITE IN THIS SPACE



01162005 00000000 000000000000

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 0000000000
0000000000

6. Name and Address of Current Registered Agent

**ORLANDO, AGATINO
1077 IDLEWILD DR. NO.
DUNEDIN, FL 34698**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 00000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ORLANDO, AGATINO
1077 IDLEWILD DR. NO.
DUNEDIN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DYSON, BRUCE SR
3645 LINMAC COURT
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BRINSON, DON
1902 MARLA CT
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Don Brinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

Daytime Phone #