2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N27024

Entity Name: DUNEDIN CONGREGATION OF JEHOVAH'S WITNESSES INC.

Current Principal Place of Business:

1742 HICKORY GATE N.
DUNEDIN, FL 34698 US

New Principal Place of Business:

1187 OHIO AVE.
DUNEDIN, FL 34698 US

Current Mailing Address:

1742 HICKORY GATE N.
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECLAIRE, RONALD
1742 HICKORY GATE N.
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

LECLAIRE, RONALD J JR.
1742 HICKORY GATE N.
DUNEDIN, FL 34698 US

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: RONALD J. LECLAIRE JR. 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LECLAIRE, RONALD
Address: 1742 HICKORY GATE N.
City-St-Zip: DUNEDIN, FL

Title: VD ( ) Delete
Name: ORLANDO, AGATINO
Address: 1077 IDLEWILD DR. N.
City-St-Zip: DUNEDIN, FL 34698

Title: STD ( ) Delete
Name: BRINSON, DON A
Address: 1902 MARLA CT
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LECLAIRE, RONALD J JR.
Address: 1742 HICKORY GATE N.
City-St-Zip: DUNEDIN, FL 34698

Title: VD (X) Change ( ) Addition
Name: DYSON, BRUCE SR.
Address: 3645 LINMAC CT.
City-St-Zip: PALM HARBOR, FL 34684

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

I hereby certify that the information supplied with this filing does not qualify 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: DON A. BRINSON STD 03/20/2009
Electronic Signature of Signing Officer or Director Date