2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N28713

Entity Name: KEY WEST FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:

1117 WHITE STREET
C/O EDWARD GARCIA
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1117 WHITE STREET
C/O EDWARD GARCIA
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2388036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, ERSKINE
800 EMMA STREET APT 223
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

GARCIA, EDWARD
3302 DONALD AVENUE
KEY WEST, FL 33040 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: EDWARD GARCIA 02/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDWARD GARCIA,
Address: 3302 DONALD AVENUE
City-St-Zip: KEY WEST, FL 33040 US

Title: STD ( ) Delete
Name: ROBINSON, ERSKINE
Address: 800 EMMA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: VD ( ) Delete
Name: MESA, ARMANDO JR
Address: 1015 WATSON STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: HERNANDEZ, CARLOS
Address: 1317 VON PHISTER ST
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: MESA, ARMANDO
Address: 1015 WATSON ST
City-St-Zip: KEY WEST, FL 33040

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:

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: EDWARD GARCIA PD 02/07/2009
Electronic Signature of Signing Officer or Director Date