


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N29037</b>	
1. Entity Name <b>ALTAMONTE SPRINGS CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>	

Principal Place of Business <b>214 A PERTH CT A WINTER SPRINGS, FL 32708</b>	Mailing Address <b>214 A PERTH CT A WINTER SPRINGS, FL 32708</b>
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**DO NOT WRITE IN THIS SPACE**



07182006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2420843</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SKINNER, HORACE G  
214 A PERTH CT  
A  
WINTER SPRINGS, FL 32708**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT SKINNER, HORACE G 3724 IDLEBROOK CIR APT 214 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT WILLARD, TRUMAN 450 N MILWEE STREET LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT REELEY, RONALD 634 ALTON ROAD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000574945  
08/22/06-80004-015 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:** *Horace Skinner* **8/16/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #