

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 049 ****70.00

DOCUMENT # N29037 1. Entity Name ALTAMONTE SPRINGS CONGREGATION OF JEHOVAH'S WITNESSES, INC.					
Principal Place of Business 1015 PALM SPRINGS DR. ALTAMONTE SPRINGS, FL 32714			Mailing Address 319 FALLING LEAF WAY CASSELBERRY, FL 32707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		06062006 Chg-NP CR2E037 (12/06)
4. FEI Number 59-2420843				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKINNER, HORACE G 214 A PERTH CT A WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name Horace Skinner Street Address (P.O. Box Number is Not Acceptable) 319 Falling Leaf Way City Casselberry FL Zip Code 32707		
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 reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT SKINNER, HORACE G 319 FALLING LEAF WAY CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT WILLARD, TRUMAN 450 N MILWEE STREET LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT REELEY, RONALD 634 ALTON ROAD WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WBT REELEY, RONALD 634 ALTON ROAD WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete			
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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 817, 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: <i>Horace G. Skinner</i>		6/12/08 407-592-4462			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			