2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # N29131 1. Entity Name 04-28-2004 90303 017 ****61.25 WEST HOLLYWOOD CONGREGATION OF JEHOVAH'S WITNESSES, INC. Principal Place of Business Mailing Address C/O LARRY ANDERSON 7230 FARRAGUT ST. HOLLYWOOD FL 33024 C/O LARRY ANDERSON 7230 FARRAGUT ST. HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 421 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number MODD NO-T APPLICABLE Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IPPENT INGENITO HENRY ANDERSON, LARRY Street Address (P.O. Box Number is Not Acceptable) 7230 FARRAGUT ST **HOLLYWOOD FL 33024** FARRAGUT TREET City 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 in finited name of registered agent and title if applicable FILE NOW; FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By, May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Addition FIGUEIREDO, JOSE JR NAME NAME 7230 FARRAGUT STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change ANDERSON, LARRY NAME 7230 FARRAGUT ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE Change ☐ Addition INGENITO, HENRY S NAME 7230 FARRAGUT ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #

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