2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33265

FILED Jan 21, 2009 Secretary of State

Entity Name: SPRING HILL CONGREGATIONS OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
	CAN TRAIL IILL, FL 34606	US		
Current Mailing Address:		New Mailing A	New Mailing Address:	
7511 SHEI	HORLANDER PHERD AVE IILL, FL 34606	US		
FEI Number:	: 59-2657891	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:
7511 SHEI	DER, CHARLES PHERD AVE HILL, FL 34606	US		
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its reg	gistered office or registered agent, or both,
SIGNATU				
	Electroni	c Signature of Registered Age	ent	Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTORS:
Title:	PD ()	Delete	Title:	() Change () Addition
Name: Address:	BROOKS, JAME 5232 DELLBRO SPRING HILL, F	S SR. OK AVE.	Name: Address: City-St-Zip:	() Shangs () / valuen
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BROOKS, JAME 5232 DELLBRO SPRING HILL, F	S SR. OK AVE. L 34609 Delete RT C K DR	Name: Address:	() Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	BROOKS, JAME 5232 DELLBRO SPRING HILL, F VD () KEELIN, ROBER 7400 LANDMAR SPRING HILL, F	S SR. OK AVE. L 34609 Delete RT C K DR L 34606 Delete CLIFFORD M J WAY	Name: Address: City-St-Zip: Title: Name: Address:	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BROOKS, JAME 5232 DELLBRO SPRING HILL, F VD () KEELIN, ROBEF 7400 LANDMAR SPRING HILL, F D () GOLEMGESKE, 12320 KINGDON HUDSON, FL 34	S SR. OK AVE. L 34609 Delete RT C K DR L 34606 Delete CLIFFORD M M WAY 4667 Delete LOS E RD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D Name: Address: Address: Address: City-St-Zip:	()Change ()Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BROOKS, JAME 5232 DELLBROG SPRING HILL, F VD () KEELIN, ROBER 7400 LANDMAR SPRING HILL, F D () GOLEMGESKE, 12320 KINGDOM HUDSON, FL 34 D () SANTIGO, CARL 2062 ARBUCKLI SPRING HILL, F	S SR. OK AVE. L 34609 Delete RT C K DR L 34606 Delete CLIFFORD M M WAY 1667 Delete LOS E RD L 34608 Delete HARLES D AVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D Name: Address: Address: Address: City-St-Zip:	() Change () Addition () Change () Addition (X) Change () Addition FINO, JORGE D MCNEAL RD

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: CHARLES HORLANDER STD 01/21/2009