

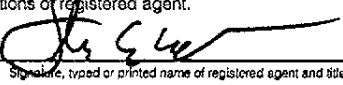



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N41442</b> 1. Entity Name NORTHEAST ORLANDO CONGREGATION OF JEHOVAH'S WITNESSES, INC.			
Principal Place of Business 5835 CORNELIA AVE ORLANDO, FL 32807 US		Mailing Address 1406 JUNE ST ORLANDO, FL 32807 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01172006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 51-0534330	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WHALEY, STEVEN E 1406 JUNE ST. ORLANDO, FL 32807		<b>DO NOT WRITE IN THIS SPACE</b>	
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  1-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000395877 01/27/06-80011-UU1 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHALEY, STEVEN E 1406 JUNE ST ORLANDO, FL 32807		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SKIFFINGTON, ALEC 7926 AUTUMNWOOD DRIVE ORLANDO, FL 32825		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PHIPPS, WILLIAM 1018 FARWELL AVENUE ORLANDO, FL 32807		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/18/2006 407-282-5773 <small>Date Daytime Phone #</small>	