


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N46346	
1. Entity Name EUSTIS FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.	

Principal Place of Business 18934 SR 44B EUSTIS, FL 32726 US	Mailing Address 2300 SOUTHLAND MOUNT DORA, FL 32757 US
--	--

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2383690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REYNOLDS, THOMAS F
2300 SOUTHLAND
MOUNT DORA, FL 32757**

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: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEVENSON, JERRY T 8015 PINE HOLLOW DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REYNOLDS, THOMAS F 2300 SOUTHLAND RD MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PASCARELLA, JIMMY 2587 TREMONT DR. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000610858
02/02/07-80038-002 61.25

DO NOT WRITE IN THIS SPACE

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: *Thomas F. Reynolds* **1/22/07** **(352) 735-0104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #