

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90034 011 \*\*\*\*61.25



**DOCUMENT # N49088**  
 1. Entity Name  
**STUART FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.**

Principal Place of Business: 1460 NW BRITT ROAD, STUART FL 34994  
 Mailing Address: 2858 S.E. BLACKWELL DR., PORT SAINT LUCIE FL 34952



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E037 (10/07)

4. FBI Number: 59-2345251  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**QUILES, DANIEL**  
**2858 S.E. EAST BLACKWELL DR.**  
**PORT SAINT LUCIE FL 34952**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: HENRY, CLAU STREET ADDRESS: 2927 SE BELLA RD. CITY-ST-ZIP: PORT SAINT LUCIE FL 34984	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: QUILES, CARLOS STREET ADDRESS: 2858 SE EAST BLACKWELL DR CITY-ST-ZIP: PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE: TD NAME: QUILES, DANIEL STREET ADDRESS: 2858 SE EAST BLACKWELL DR. CITY-ST-ZIP: PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: DOUGLAS MUNFORD STREET ADDRESS: 2472 NE MILDRED ST; CITY-ST-ZIP: JENSEN BEACH FL: 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DANIEL QUILES *Daniel Quiles*

01/24/08 (772)335-8101