

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49088

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** STUART FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

**Current Principal Place of Business:**

1460 NW BRITT ROAD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2858 S.E. BLACKWELL DR.  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 59-2345251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUILES, DANIEL  
2858 S.E. EAST BLACKWELL DR.  
PORT SAINT LUCIE, FL 34952      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD      ( ) Delete  
Name: QUILES, CARLOS  
Address: 2858 SE EAST BLACKWELL DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD      ( ) Delete  
Name: QUILES, DANIEL  
Address: 2858 SE EAST BLACKWELL DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P      ( ) Delete  
Name: MUNFORD, DOUGLAS  
Address: 2472 NE MILDRED ST  
City-St-Zip: JENSEN BEACH, FL 34957

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASTD      ( ) Change (X) Addition  
Name: SEIGER, THOMAS  
Address: 2700 GOLDENGATE AVE  
City-St-Zip: STUART, FL 34997

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: DANIEL QUILES

TD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date