

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000121

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOUTH CONGREGATION OF JEHOVAH'S WITNESSES, LAKE CITY, FLORIDA, INC.

Current Principal Place of Business:

1811 SW GRANDVIEW ST.
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

744 SW GRANDVIEW ST.
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-2390985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, WILLIAM R
744 SW GRANDVIEW ST.
LAKE CITY, FL 32025 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: D () Delete
Name: SHARP, ASA B
Address: 192 SW MELON CT
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: BROWN, WILBER
Address: P.O. BOX 2247 N/A
City-St-Zip: LAKE CITY, FL 32056

Title: S () Delete
Name: BENFORD, CHRIS E
Address: 537 SW BRANDY WAY
City-St-Zip: LAKE CITY, FL 32024

Title: P () Delete
Name: STEVENS, WILLIAM R
Address: 744 SW GRANDVIEW ST.
City-St-Zip: LAKE CITY, FL 32025

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

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: WILLIAM R STEVENS

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date