

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 035 ****61.25

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # N94000002237 | | | | | |
| 1. Entity Name EAST SPRING HILL CONGREGATION OF JEHOVAH'S WITNESSES, INC. | | | | | |
| Principal Place of Business 7040 SMITHFIELD AVENUE SPRING HILL, FL 34609 US | | | Mailing Address 5145 BONE LANE SPRING HILL, FL 33604 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03062008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-2375985 | | | | <input type="checkbox"/> 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 | | | 7. Name and Address of New Registered Agent | | |
| ERWIN, PHILIP A 3307 JOSEF AVENUE SPRING HILL, FL 34609-7981 | | | Name: Renzi, Anthony Street Address (P.O. Box Number is Not Acceptable): 11445 Sagamore St. City: Spring Hill FL Zip Code: 34609 | | |
| 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: MARCH 17, 2008 | | |
| (NOTE: Registered Agent signature required when reinstating) | | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME COOK, THOMAS N | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5145 BONE LANE | CITY - ST - ZIP SPRING HILL, FL 34604 | | | | |
| TITLE SD | NAME HUNTRESS, WILLIAM C | <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 7118 CALIFORNIA STREET | CITY - ST - ZIP SPRING HILL, FL 34604 | | | | |
| TITLE VD | NAME SCORZELLI, ALFRED | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 10548 MARYSVILLE STREET | CITY - ST - ZIP SPRING HILL, FL 34608 | | | | |
| TITLE TD | NAME SEGUR, DAVID | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5402 DREW STREET | CITY - ST - ZIP SPRING HILL, FL 34604 | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | 3-14-08 352-279-2530 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |