

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003511

1. Entity Name
**NORTH ST. PETERSBURG CONGREGATION OF
JEHOVAH'S WITNESSES, INC.**



Principal Place of Business
**1695 42ND AVE N
ST PETERSBURG, FL 33714**

Mailing Address
**1695 42ND AVE N
ST PETERSBURG, FL 33714**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANZALONE, DAVID A
4820 19 ST N
ST PETERSBURG, FL 33714**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANZALONE, DAVID A
STREET ADDRESS	4820 19 ST N
CITY-STATE-ZIP	ST PETERSBURG, FL 33714
TITLE	DST
NAME	KEENEY, FRED
STREET ADDRESS	5730 - 16TH LANE NE
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33702
TITLE	DV
NAME	STEPHENS, JAMES
STREET ADDRESS	8131 7TH ST. NORTH
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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:

FRED KEENEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08 *727-803-5937*