2006 NOT-FOR-PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N95000004126 05-01-2006 90317 026 ****61.25 BAYWAY CONGREGATION OF JEHOVAH'S WITNESSES. INC. Mailing Address Principal Place of Business 4226 ALFERCA WAY S ST. PETERSBURG FL 33712 4125 31ST STREET SOUTH ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3381843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILTON, O'NEAL J Street Address (P.O. Box Number is Not Acceptable) 4226 ALBERCA WAY SOUTH ST. PETERSBURG FL 33712 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. Lam 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE Delete TITLE MILTON, O'NEAL J. 4226 ALBERCA WAY SOUTH ST. PETENSBURG, FL 33712 ROSS, VINCENT NAME NAME 1077 54TH AVENUE SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33705 CITY-ST-7IP CITY-ST-ZIP VPD Delete **X** Addition TITLE TITLE LESTER LEE H. JR 3894-49TH AVE SOUTH BRUCE, ROBERT J NAME NAME 5080 41TH STREET SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP ST. PETERSBURG, FL 331 ☐ Delete ☐ Change Addition TITLE TITLE MILTON, O'NEAL J NAME NAME STREET ADDRESS 4226 ALBERCA WAY SOUTH STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-7IP CfTY-ST-7IP Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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if changed, or on an attachment with all address, with all other like empowered. O'NEAL J. MILTON 4/17/2006 727-866-9376 SIGNATURE: 4

CITY-ST-ZIP Thereby certify that the information supplied with this filling 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

CITY-ST-7IP