2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # N95000004242 1. Entity Name EAST LARGO CONGREGATION OF JEHOVAH'S WITNESSES, INC.								02-21-20	05 900	067 014 '	****61	.25
Principal Place of Business Mailing Address 15551 59 ST N 2230 WHITE-OAK CIR CLEARWATER, FL 33760 CLEARWATER, FL 33763								all 6614 6				
Principal Place of Business 3. Mailing Address												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01202005	Chg-NP	c	CR2E037 ((10/03)	
City & Stat	e	City & State				-	4. FEI Numbe 59-237	9422				oplied For ot Applicable
Zip					untry		5. Certificate			□ Fee	3.75 Add e Require	
	6. Name and Address of Curren	t Registered	l Agent				7. Name and	Address of N	ew Regi	stered Age	nt	
CHRISTO	DOUB-OUT ANTONIS				Name	_				_		
CHRISTODOULOU; ANTONIS 2230 WHITE OAK CIR CLEARWATER, FL 33763					Street A	ddress (I	P.O. Box Numbe	er is Not Accep	otable)		تيرسيه	
					City		•			FL	Zip Cod	e
8. The above	named entity submits this statement f	or the purpo	so of changing its	rogictor	ad affice or	r register	ad agant as bet	h in the Case	of Clasical	,	-10	
the obligat	ions of registered agent.		se of changing its	registere	sa onice oi	register	eo ageni, or boi	n, in the state	OI MONUE	a. 1 am Ian	mar with,	and accept
SIGNATURE .												
	Signature, typed or printed name of registered ager	t and title if appli	cable. (NOTE	E: Registere	d Agent signati	ure required	when reinstating)			DATE		
	Filling Fee is \$61.25 Due by May 1, 2005	t and title if appli	9. Election Can Trust Fund C	npaign F	inancing	ure required	\$5.00 May B Added to Fees	e 10 11 12 13 14 15 15 15 15 15 15 15		check partme		iate
10.	Filing Fee is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May B Added to Fees	- , is	Florida	check partme	ent of Si	iate
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

BURRESS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-05

(727) 530-3888

Daytime Phone #