

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90022 035 \*\*\*\*70.00

<b>DOCUMENT # N97000002847</b>					
<b>1. Entity Name</b> KEY LARGO CONGREGATION OF JEHOVAH'S WITNESS, INC.					
<b>Principal Place of Business</b> C/O WILLIAM G BROOKMAN 573 BOYD DRIVE KEY LARGO, FL 33037			<b>Mailing Address</b> C/O WILLIAM G BROOKMAN 573 BOYD DRIVE KEY LARGO, FL 33037		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>PO Box 2874</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Key Largo, FL</b>			
Zip	Country	Zip <b>33037</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BROOKMAN, WILLIAM 573 BOYD DR KEY LARGO, FL 33037			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD	<b>NAME</b> BROOKMAN, WILLIAM G <input type="checkbox"/> Delete		<b>TITLE</b> PD	<b>NAME</b> _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 573 BOYD DR	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> PD	<b>NAME</b> HOOVER, JOHN W <input type="checkbox"/> Delete		<b>TITLE</b> VD	<b>NAME</b> _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 234 ALLEN AVE	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037		<b>STREET ADDRESS</b> 106 Burgundy Dr.	<b>CITY-ST-ZIP</b> Tavernier, FL 33070	
<b>TITLE</b> VD	<b>NAME</b> PEAK, SHELDON L <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 21 PIGEON DR	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> _____ <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> _____ <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. 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.</b>					
<b>SIGNATURE:</b> _____			<b>William G. Brookman 305-451-9978</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

3/11/04