FILED
Apr 27, 2005 8:00 am
Secretary of State
03-02-2005 90085 015 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002847

1. Entity Name
KEY LARGO CONGREGATION OF JEHOVAH'S WITNESS, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM G BROOKMAN 573 BOYD DRIVE KEY LARGO, FL 33037	P.O. BOX 2874 KEY LARGO, FL 33037

66013577

01232005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0831573
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKMAN, WILLIAM
573 BOYD DR
KEY LARGO, FL 33037

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKMAN, WILLIAM G
STREET ADDRESS	573 BOYD DR
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VD
NAME	HOOVER, JOHN W
STREET ADDRESS	106 BURGUNDY DR
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	VD
NAME	PEAK, SHELDON L
STREET ADDRESS	21 PIGEON DR
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: William Brookman 2/20/05 305-451-9978
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #