

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-02-2005 90085 015 ****61.25

DOCUMENT # N97000002847 1. Entity Name KEY LARGO CONGREGATION OF JEHOVAH'S WITNESS, INC.	
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Principal Place of Business C/O WILLIAM G BROOKMAN 573 BOYD DRIVE KEY LARGO, FL 33037	Mailing Address P.O. BOX 2874 KEY LARGO, FL 33037
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66013577



01232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

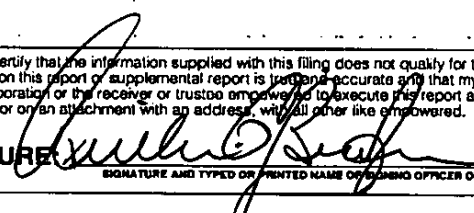
**Filing Fee is \$81.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROOKMAN, WILLIAM G 573 BOYD DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOOVER, JOHN W 106 BURGUNDY DR. TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEAK, SHELDON L 21 PIGEON DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #