

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002847

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



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**



04202006 No Chg-NP

CR2E037 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U00000538427
05/09/06-80058-002 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

William G. Brookman

4/20/06

305-451-9978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #