2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003367

1. Entity Name

EAST RIDGE CONGREGATION OF JEHOVAH'S WITNESSES, SARASOTA, FLORIDA, INC.



FILED
Jan 24, 2007 08:00 AM
Secretary of State

Daytime Phone #

Principal Place of Business 5250 PROCTOR ROAD SARASOTA, FL 34233 Mailing Address

5206 FOXCROFT CT.

SARASOTA, FL 34232-2666 US



DO NOT WRITE IN THIS SPAC	DO	NOT	WRITE	110	THIS	SPACE
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01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0834400 Applied For Not Applicable

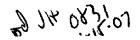
5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, ROBERT 5206 FOXCROFT CT SARASOTA, FL 34232 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.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	pistered Agent algosture required when reinstating) DATE			
	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut				
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHAWAY, JOHN 4036 WESTMINISTER DRIVE SARASOTA, FL 34241				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT 5206 FOXCROFT CT. SARASOTA, FL 34232	U00000602220 01/26/07-80081-004 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REZAC, MICHAEL 1915 ROLLING GREEN CIR SARASOTA, FL 34240	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	·				
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.					

FICER OR DIRECTOR



SIGNATURE: