## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-(AR)

## Feb 17, 2006 8:00 am Secretary of State DOCUMENT # N9700003423 02-17-2006 90076 008 \*\*\*\*70.00 1. Entity Name PONTE VEDRA BEACH CONGREGATION OF JEHOVAH'S WITNESSES, INC. Principal Place of Business Mailing Address 1127 16TH AVE. SOUTH JACKSONVILLE BEACH FL 32250 1127 16TH AVE, SOUTH JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FELNumber 59-3571057 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANTA, ANGEL L Street Address (P.O. Box.Number is Not Acceptable) 133 ABACO WAY PONTE VEDRA BEACH FL 32082 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Due By May 1, 2006 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P/D ☐ Celete TITLE TITLE ☐ Change Addition PENA, JONATHAN E NAME NAME 104 CANARY ISLE CT. STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH. FL 32032 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete ☐ Addition TITLE MCCUMBER, MARK R NAME NAME STREET ADDRESS 53 PONTE VEDRA BLVD. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP - Cnange Delete: DALEY, TIMOTHY E NAME NAME STREET ADDRESS STREET ADDRESS 112 EVANS DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL 32250 Ruiz, Marcu A. VPD ☐ Addition TITLE Delete TITLE 104 CYPIESS Pond Court RUIZ, MARCO A NAME NAME STREET ADDRESS 753 MARSH COVE LANE STREET ADDRESS Porte Vedus beach Fl. 32082 CITY-ST-ZIP PONTE VEDRA BCH FL 32032 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE LIZZIO, DAVID MAME NAME 124 NATURES WAY STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL 32032 CITY-ST-ZIP CITY-ST-ZIP Delete TITEE Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, and all over like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED**