


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 17, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N97000004524 1. Entry Name MIAMI SHORES CONGREGATION OF JEHOVAH'S WITNESSES, INC. |  |
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|--|--|
| Principal Place of Business 9100 N.E. 2ND AVE MIAMI SHORES FL 33138 US | Mailing Address 206 N.W. 97TH STREET MIAMI FL 33150-1629 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |


 1st MOORE CR2E037 (10/04)

| | |
|---|--|
| 4. FEI Number 65-0696709 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent SYLVAIN, FRED 206 N.W. 97TH STREET MIAMI FL 33150-1629 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SYLVAIN, FRED |
| STREET ADDRESS | 206 N.W. 97TH STREET |
| CITY-ST-ZIP | MIAMI FL 33150 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WALTON, NEWELL |
| STREET ADDRESS | 860 N.E. 72 TERRACE |
| CITY-ST-ZIP | MIAMI FL 33138 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | FORD, ISAAC JR. |
| STREET ADDRESS | 9100 NE 2ND AVE |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U000000232873 |
| STREET ADDRESS | 02/17/05-80021-011 61.25 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Fred Sylvain* Date: 02/15/05 Daytime Phone #: 305-789-6235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR