


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

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004524**

1. Entity Name  
**MIAMI SHORES CONGREGATION OF JEHOVAH'S WITNESSES, INC.**



Principal Place of Business      Mailing Address

9100 N.E. 2ND AVE      206 N.W. 97TH STREET  
 MIAMI SHORES, FL 33138 US      MIAMI, FL 33150-1629

**DO NOT WRITE IN THIS SPACE**



01222006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0696709**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SYLVAIN, FRED**  
 206 N.W. 97TH STREET  
 MIAMI, FL 33150-1629

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

U00000531166  
 05/06/06-80027-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SYLVAIN, FRED
STREET ADDRESS	206 N.W. 97TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	WALTON, NEWELL
STREET ADDRESS	860 N.E. 72 TERRACE
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	FORD, ISAAC JR.
STREET ADDRESS	9100 NE 2ND AVE
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Fred Sylvain*      **FRED SYLVAIN**      **4/20/06**      **305-759-6235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #