

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 028 \*\*\*\*61.25



**DOCUMENT # N97000004524**  
 1. Entity Name  
**MIAMI SHORES CONGREGATION OF JEHOVAH'S WITNESSES, INC.**

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

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

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

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



1st MOORE CR2E037 (10/06)

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: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: *Fred Sylvain* **FRED SYLVAIN** DATE: **5/1/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SYLVAIN, FRED STREET ADDRESS: 206 N.W. 97TH STREET CITY-ST-ZIP: MIAMI FL 33150	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: <del>WALTON, NEWELL</del> STREET ADDRESS: <del>868 N.E. 72 TERRACE</del> CITY-ST-ZIP: <del>MIAMI FL 33138</del>	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: VICTOR MATTIS STREET ADDRESS: 365 NE 125 ST #210 CITY-ST-ZIP: N. MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: FORD, ISAAC JR. STREET ADDRESS: 9100 NE 2ND AVE CITY-ST-ZIP: MIAMI SHORES FL 33138	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Fred Sylvain* **FRED SYLVAIN** DATE: **5/1/07** Telephone: **305-759-6235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR