


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 65-0696709				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		State FL
Zip Code			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 _____ DATE _____

(NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
---	--	------------------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete SYLVAIN, FRED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000917832 05/13/08-80057-016 61.25
NAME	SYLVAIN, FRED	NAME	
STREET ADDRESS	206 N.W. 97TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete MATTIS, VICTOR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTIS, VICTOR	NAME	
STREET ADDRESS	365 NE 125 ST #210	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete FORD, ISAAC JR.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ISAAC JR.	NAME	
STREET ADDRESS	9100 NE 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *Fred Sylvain* **Fred SYLVAIN** 4/20/08 305-759-6235