

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000003248

1. Entity Name
**SOUTH CONGREGATION OF JEHOVAH'S WITNESSES,
LOXAHATCHEE, FL, INC.**



Principal Place of Business
**16571 VELAZQUEZ ROAD
LOXAHATCHEE, FL 33470**

Mailing Address
**106 ROYAL PINE CIRCLE NORTH
ROYAL PALM BEACH, FL 33411**



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0452534	Applied For <input 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

**HARRIS, ANDRE G
106 ROYAL PINE CIRCLE NORTH
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, WILLIAM 140 LEXINGTON DR. ROYAL PALM BEACH, FL 33411
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, TIM 17578 50TH RD. N. LOXAHATCHEE, FL 33470
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSEPH, DIEUSEUL 17874 47TH CT. N. LOXAHATCHEE, FL 33470
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SMITH, MIKE 1030 SERENADE CIRCLE ROYAL PALM BEACH, FL 33411
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MCDONALD, CUSH 16888 HOLLOW TREE LANE LOXAHATCHEE, FL 33470
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CRANDALL, CHARLES 17159 44TH PL. N. LOXAHATCHEE, FL 33470
--	--

000000826522
02/21/08-80053-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: William Patton William PATTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08
Date

561-795-2553
Daytime Phone #