

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003248

FILED  
Feb 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

16571 VELAZQUEZ ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

106 ROYAL PINE CIRCLE NORTH  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 65-0452534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PATTON, WILLIAM  
Address: 140 LEXINGTON DR.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD  
Name: LEE, TIM  
Address: 17578 50TH RD. N.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: SD  
Name: AARON, PRIBYL  
Address: 15790 ROLLING MEADOWS CIR.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: O  
Name: SMITH, MIKE  
Address: 1030 SERENADE CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O  
Name: MCDONALD, CUSH  
Address: 16888 HOLLOW TREE LANE  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE SMITH

O

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date