

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90027 005 \*\*\*\*61.25

**DOCUMENT # N98000005021**

1. Entity Name  
**WEST PALM BEACH CHRISTIAN CONVENTION CENTER  
OF JEHOVAH'S WITNESSES, FLORIDA, INC.**



Principal Place of Business  
**1610 PALM BEACH LAKES BOULEVARD  
WEST PALM BEACH, FL 33401-2202**

Mailing Address  
**1610 PALM BEACH LAKES BOULEVARD  
WEST PALM BEACH, FL 33401-2202**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**65-0859040**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**KERR, JOHN A  
1902 SW DAY STREET  
PORT ST LUCIE, FL 34953**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 VPD ☐ Delete  
NAME MAYOR, HELMUT  
STREET ADDRESS 15648 88TH TRAIL NORTH  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME KERR, JOHN  
STREET ADDRESS 1902 SW DAY STREET  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MURPHY, TOMMY  
STREET ADDRESS 13013 JANICO BAY  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME RIVERA, RICHARD  
STREET ADDRESS 659 BOWLINE DRIVE  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PIZEY, ANDREW  
STREET ADDRESS 1315 N SWINTON AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE **VICE PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John A. Kerr* **JOHN A. KERR SECRETARY** 1/6/08 772-340-3530