

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **710233** (8)

1. Corporation Name

NORTH FORT MYERS, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

**17333 SLATER RD
NORTH FT. MYERS FL 33917
US**

Mailing Address

**475 NICKLAUS BLVD
NORTH FT. MYERS FL 33903-2611
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1966		3a. Date of Last Report 04/17/1996	
21 701 Hutto Rd.		26 P.O. Box 3429		4. FEI Number 59-2825153		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired KX		\$8.75 Additional Fee Required	
23 City & State North Fort Myers, Florida		28 City & State North Fort Myers, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33903		25 Country Lee		29 Zip 33918-3429		30 Country Lee	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**STARK, THOMAS E
475 NICKLAUS BLVD
N FT MYERS FL 33903**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 617.0503, Florida Statutes.

SIGNATURE

Thomas E. Stark

THOMAS E. STARK

April 5, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VD			1.1 TITLE			
NAME	ALEXANDER, MICHAEL			1.2 NAME			
STREET ADDRESS	560 MONTEREY STREET -			1.3 STREET ADDRESS	564 Capitol St		
CITY-ST-ZIP	NORTH FORT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STARK, THOMAS			2.2 NAME			
STREET ADDRESS	475 NICKLAUS BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	N FORT MYERS			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNAGGS, DANIEL			3.2 NAME			
STREET ADDRESS	1100 PONDELLA RD APT 205			3.3 STREET ADDRESS			
CITY-ST-ZIP	N FT MYERS FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)