

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 710233**

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



Principal Place of Business  
701 HUTTO RD  
NORTH FT. MYERS, FL 33903 US

Mailing Address  
PO BOX 3429  
NORTH FT. MYERS, FL 33918-3429 US



02272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2825153

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

6. 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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

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	VD KNIGHT, HOWARD L 2056 NE 18TH TERR. CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STARK, THOMAS 475 NICKLAUS BLVD N FORT MYERS, 33903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD KNAGGS, DANIEL 1100 PONDELLA RD APR 614 N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

UD0000456345  
03/16/06-80025-021 70.00

**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:** Thomas Stark **THOMAS STARK** 03-02-06(239)997-6435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #