

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 21, 2007 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**



01052007 No Chg-NP

CR2E037 (4/06)

**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**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U000000678476  
04/02/07-80033-012 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 E. Stark* THOMAS E. STARK 3/16/07 (239) 997-6635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #