



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90084 019 ****70.00

DOCUMENT # F00000004325					
1. Entity Name WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK, INC.					
Principal Place of Business 100 WATCHTOWER DRIVE PATTERSON, NY 12563-9204			Mailing Address 25 COLUMBIA HEIGHTS BROOKLYN, NY 11201-2483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-1753577	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOODY, JIM H 5558 NORTH 15TH STREET IMMOKALEE, FL 34142			Name Street Address (P.O. Box Number is Not Acceptable) 555-B North 15th Street 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 _____ (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. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, MAX H		NAME		
STREET ADDRESS	124 COLUMBIA HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 112011698		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHILLING, LONNIE R		NAME		
STREET ADDRESS	800 RED MILLS RD		STREET ADDRESS		
CITY-ST-ZIP	WALLKILL, NY 125893224		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUCH, GEORGE M		NAME		
STREET ADDRESS	124 COLUMBIA HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 112011698		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMONIS, GERALD F		NAME		
STREET ADDRESS	124 COLUMBIA HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 112011698		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIZZLE, GERALD D		NAME		
STREET ADDRESS	124 COLUMBIA HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 112011698		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, JOHN D		NAME		
STREET ADDRESS	800 RED MILLS RD		STREET ADDRESS		
CITY-ST-ZIP	WALLKILL, NY 125893224		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: 		G. F. Simonis Secretary & Treas.		January 6, 2006 (718) 560-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

