

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90186 020 ****61.25

DOCUMENT # N01000004819 1. Entity Name HIBISCUS CONGREGATION OF JEHOVAH'S WITNESSES, INC.					
Principal Place of Business 103 N.W. MARION AVENUE PORT ST. LUCIE, FL 34983			Mailing Address 103 N.W. MARION AVENUE PORT ST. LUCIE, FL 34983		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0333647	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARINO, JOSEPH 214 S.W. LAKE FOREST WAY PORT ST. LUCIE, FL 34986				7. Name and Address of New Registered Agent Name GEORGE HARDING Street Address (P.O. Box Number is Not Acceptable) 1158 SW EMPIRE ST City PORT ST LUCIE FL Zip 34983	
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 <u><i>George Harding</i></u> GEORGE HARDING 2/22/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	TD WOLF, RUSSELL 5940 NW BACHELOR TERRACE PORT SAINT LUCIE, FL 34986	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUTTIG, CHARLES 1310 SW DORCHESTER ST PORT SAINT LUCIE, FL 34983	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, JOSEPH 214 S W LAKE FOREST WAY PORT SAINT LUCIE, FL 34986	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE HARDING 1158 SW EMPIRE ST PORT ST LUCIE FL 34983	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Charles L Schuttig</i></u> CHARLES L SCHUTTIG 2/23/05 772-8782204 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					