


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11553</b>							
1. Entity Name <b>EAST BRADENTON CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>							
Principal Place of Business		Mailing Address					
2109 57TH ST. EAST BRADENTON FL 34208 US		2521 -8TH AVE E BRADENTON FL 34208 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-2645385</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SASEY, ALBERT</b> <b>4915 26TH AVE. EAST</b> <b>BRADENTON FL 34208</b>			Name				
			Street Address (P O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____							
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
				<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SASEY, ALBERT	NAME					
STREET ADDRESS	4915 26TH AVE EAST	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34208	CITY-ST-ZIP					
TITLE	VD <input type="checkbox"/> Delete	TITLE	U00000221493 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PORTEE, RONNIE	NAME	02/09/05-80033-015 61.25				
STREET ADDRESS	3125 12TH AVE., E.	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP					
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LILLY, JOSEPH F.	NAME					
STREET ADDRESS	2521 8TH AVE., E.	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ALRIDGE, DAVE	NAME					
STREET ADDRESS	10915 10TH AVENUE EAST	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JONES, EDWARD	NAME					
STREET ADDRESS	955 53RD ST E APT 1127	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34208	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RICHARDSON, ROBERT	NAME					
STREET ADDRESS	909 28TH ST., E.	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP					



1st MOORE CR2E037 (10/04)

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/5 941-247-6547  
 Date Daytime Phone #