

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N21607

1. Entity Name
**EAST BOCA RATON CONGREGATION OF JEHOVAH'S
WITNESSES, INC.**



Principal Place of Business
**19230 STATE ROAD 7 (441)
BOCA RATON, FL 33498-4763**

Mailing Address
**EAST CONG.
P O BOX 276063
BOCA RATON, FL 33427 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0040360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JESSEL, ROBERT
19230 STATE RD 7
BOCA RATON, FL 33498**

**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, 2005**

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	DP JESSEL, ROBERT 19230 ST RD 7 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HAUPT, STEVIN 19230 STATE ROAD 7 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEMOSTHENES, STANLEY 19230 ST RD 7 BOCA RATON, FL 33498
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000176232
01/10/05-80083-001 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1/6/05 561-391-2885