2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N21607

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

Principal Place of Business	Mailing Address
19230 STATE ROAD 7 (441) BOCA RATON, FL 33498-4763	EAST CONG. P O BOX 276063 BOCA RATON, FL 33427 US

01122006 No Chg-NP CR2E037 (11/05)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000399672
02/01/06-80022-004 61.25

10. OFFICERS AND DIRECTORS

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

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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: Robert A Jessel ROBERT A JESSEL 1/10/06 561-212-8634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #