

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # N34592 1. Entity Name NAPLES GULFSHORE CONGREGATION OF JEHOVAH'S WITNESSES, INC.	
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Principal Place of Business
**6755 YARBERRY LN
NAPLES, FL 34109**

Mailing Address
**6755 YARBERRY LN
NAPLES, FL 34109**



02252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1964763	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENSEN, LEO
569 102ND AVE. N.
NAPLES, FL 34108**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000101869
04/02/04-89031-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JENSEN, LEO 569 102ND AVE. N. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD IHRIG, DONALD M 610 107TH AVE. N. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRODY, JEFFREY R 2360 WHITE BLVD. NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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

Date

Daytime Phone #

03/21/04 239/592-5035