2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N34592 1. Entity Name NAPLES GULFSHORE CONGREGATION OF JEHOVAH'S WITNESSES, INC.						2005 OCT 2/ AH 8: 58					
Principal Place 6755 YARBE NAPLES, FL	RRY LN	6755 \	Mailing Address 6755 YARBERRY LN NAPLES, FL 34109				SECRE TALLAH	TARY OF ASSEE, I	STATE FLORIDA		
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2. Principal P	lace of Business	3. Mailin	3. Mailing Address				11111 4111 11 1111 1111 1111 11	UEI BIEN BIEN DE	NI ELBHI ŞIMLI DIRI	HI U 128	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			11142004	Chg-NP	CR2E0	37 (10/03)		
City & State		City	City & State			4. FEI Number 59-1964			 +	plied For t Applicable	
Zip	Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional	
	6. Name and Address of Curre	nt Registered	Agent				Address of New	Registered	Agent		
JENSEN, LEO				Name	Dov	ALD M	IHRIG				
569 102ND AVE. N.				Street /	Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, FL 34108				33	11 L	AUREL L	AKES BU	<u> </u>		-	
				City	NAP	LE2		FL	Zip Code	34/19	
	named entity submits this statement	for the purpos	se of changing its re	egistered office of	<u> </u>		h, in the State of	Florida. I am	familiar with,	and accept	
the obligati	ions of registered agent.	/ /.)								
SIGNATURE .	Could M	- Uh	· DON	RLD M.	HRIG			9-29-1	05		
	Signature, typed or printed name of registered ag-	ent and title if applic	able. (NOTE: F	Registered Agent signs	dure required	when reinstating)		DATE			
	Signature, typed or printed name of registered age Amended AR is \$61.25	ent and title it application	9. Election Camp Trust Fund Co	paign Financing	ature required	\$5.00 May B Added to Fees	e FI	Make chec	k payable to		
10.	Amended AR is \$61.25		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees	e FI	Make chec orlda Depa	RECTORS IN	10	
10.	Amended AR is \$61.25 OFFICERS AND I		9. Election Camp	paign Financing ntribution.	□ /	\$5.00 May B Added to Fees	ANGES TO OFFIC	Make chec orlda Depa	rtment of St	ate	
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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.

CICNIATIIDE.

Dule M. R. DONALD M. IHRIG 9.29.05 239825 5539