

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90261 001 ****70.00

DOCUMENT # N98000004571

1. Corporation Name

SUNCOAST NAPLES FLORIDA CONGREGATION OF JEHOVAH'S WITNESS, INC.

Principal Place of Business

1046 HIGHLANDS DRIVE
NAPLES FL 34103-2349

Mailing Address

1046 HIGHLANDS DRIVE
NAPLES FL 34103-2349



2. Principal Place of Business

21 2841 Citrus Lake Dr.

Suite, Apt. #, etc.

22 K-101

City & State

23 Naples, FL

Zip

24 34109-7656

Country

25 U.S.

2a. Mailing Address

26 2841 Citrus Lake Dr.

Suite, Apt. #, etc.

27 K-101

City & State

28 Naples, FL

Zip

29 34109-7656

Country

30 U.S.

3. Date Incorporated or Qualified

08/10/1998

4. FEI Number

59-3304836

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MUGAAS, CLINTON
1046 HIGHLANDS DRIVE
NAPLES FL 34103-2349

10. Name and Address of New Registered Agent

81 Name
MUGAAS, ORVIS

82 Street Address (P.O. Box Number is Not Acceptable)
2841 Citrus Lake Dr.

83
K-101

84 City
NAPLES, FL

FL

85 Zip Code
34109-7656

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Orvis Mugaas

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MUGAAS, ORVIS
STREET ADDRESS 2841 CITRUS LAKE #K-101
CITY-ST-ZIP NAPLES FL 34109-7656

☐ DELETE

TITLE VD
NAME RICE, JOHN M.
STREET ADDRESS 5419 25TH PLACE SW
CITY-ST-ZIP NAPLES FL 34116-7501

☐ DELETE

TITLE STD
NAME MUGAAS, CLINTON E
STREET ADDRESS 1046 HIGHLANDS DRIVE
CITY-ST-ZIP NAPLES FL 34103-2349

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE STD
3.2 NAME BOGART, ROBERT R.
3.3 STREET ADDRESS 4335 3rd Ave S.W.
3.4 CITY-ST-ZIP NAPLES, FL 34119-2921

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 (941) 514-3563
Date Daytime Phone #

CR2E037 (11/98)