2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90020 009 ****61.25

DOCUMENT # 703897

1. Entity Name
BARTOW FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
1810 S. DAVIS AVE. BARTOW, FL 33830	4317 TAMMY LEE LANE LAKELAND, FL 33813

40001143

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2864556
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINIQUEN, ROBERT
4317 TAMMY LEE LANE
LAKELAND, FL 33813

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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 _____
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	VTD
NAME	LOVE, DENNIS
STREET ADDRESS	1810 S. DAVIS AVE.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	PTD
NAME	DOMINIQUE, ROBERT
STREET ADDRESS	1810 S. DAVIS AVE.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	STD
NAME	GOFF, KENNETH E
STREET ADDRESS	515 S OAK AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Pd # 1253
Jan 6, 2005

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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: Kenneth E Goff Jan 6, 2005 8635194658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #