

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 703897

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



Principal Place of Business
1810 S. DAVIS AVE.
BARTOW, FL 33830

Mailing Address
4317 TAMMY LEE LANE
LAKELAND, FL 33813



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2864556

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOMINIQUE, ROBERT
4317 TAMMY LEE LANE
LAKELAND, FL 33813

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
LOVE, DENNIS
1810 S. DAVIS AVE.
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DOMINIQUE, ROBERT
1810 S. DAVIS AVE.
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GOFF, KENNETH E
515 S OAK AVE
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000385139
01/18/06-80004-019 61.25

DO NOT WRITE
IN THIS SPACE

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 changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #