2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 709509

1. Entity Name
ASTORIA PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business	Mailing Address
2641 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303	2641 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2895469

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, DON
2212 BEECH DR
TALLAHASSEE, FL 32303

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000207963
02/01/05-80063-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	IVESTER, GERALD W
STREET ADDRESS	2352 VINKARA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DP
NAME	SIMPSON, MARK
STREET ADDRESS	1809 HOMEWOOD RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DT
NAME	PEWITT, WAYNE D
STREET ADDRESS	3102-A DIAN ST
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	DV
NAME	RODRIGUEZ, ROBERT
STREET ADDRESS	2119 RIDGE TOP
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gerald W Ivester Gerald W. Ivester 1- -05 (850) 386-8696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day time Phone #