

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90044 027 ****61.25

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1. Entity Name

SUMTER CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business

**KINGDOM HALL
1406 S.W 70TH AVE
BUSHNELL FL 33513
US**

Mailing Address

**KINGDOM HALL
P.O. BOX 863
BUSHNELL FL 33513
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2099437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, JOHN B.
6266 S.W 14 DRIVE
BUSHNELL FL 33513**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ANDERSON, JOHN B.
STREET ADDRESS 6266 S.W. 14 DRIVE
CITY-ST-ZIP BUSHNELL FL

TITLE D/T ☒ Change ☐ Addition
NAME Fisher, Joseph D
STREET ADDRESS 164 C.R. 488
CITY-ST-ZIP Lake Panasoffkee, FL. 33538

TITLE D ☐ Delete
NAME PIZZA, MICHAEL A
STREET ADDRESS 9732 S STEED TERR.
CITY-ST-ZIP FLORAL CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TETTENBURN, LESLIE
STREET ADDRESS 8676 E. HAINES COURT
CITY-ST-ZIP FLORAL CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GAINEY, FRANKLIN D
STREET ADDRESS 2936 SR 471
CITY-ST-ZIP SUMTERVILLE FL 33585

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FISHER, JOSEPH D
STREET ADDRESS 164 C R 488
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHLOSS, ROBERT M JR
STREET ADDRESS 8730 E HAINES CT
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. Anderson

John B. Anderson

March 31, 2006 352-793-5788