# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:20
TALLAHASSEE, FLORIDA

**DOCUMENT # 732564 (0)**

1. Corporation Name

**CAPE CORAL, FLORIDA, CONGREGATION OF JEHOVAH'S W ITNESSES, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1709 NE 6TH TERR<br>CAPE CORAL FL 33909 | 1709 NE 6TH TERR<br>CAPE CORAL FL 33909 |

3. Date Incorporated or Qualified: 04/24/1975
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1635792 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) Country (25) | Zip (29) Country (30) |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HARLESS, DORCEY E.<br>1709 N.E. 6TH TERR.<br>CAPE CORAL FL 33909 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 11 TITLE | P✓ D ☒ Change ☐ Addition |
| NAME | RICHARDSON, JOHN E | 12 NAME | James P. Sazama |
| STREET ADDRESS | 1310 SW 4TH CT | 13 STREET ADDRESS | 247 SW 22pl |
| CITY-ST-ZIP | CAPE CORAL FL 00000 | 14 CITY-ST-ZIP | Cape Coral, Fl 33991 |
| TITLE | V | 21 TITLE | V✓ D ☒ Change ☐ Addition |
| NAME | SAZAMA, JAMES | 22 NAME | Stephen Morrow |
| STREET ADDRESS | 247 SW 22ND PL | 23 STREET ADDRESS | 1412 SW 10th Pl |
| CITY-ST-ZIP | CAPE CORAL FL | 24 CITY-ST-ZIP | Cape Coral, Fl 33991 |
| TITLE | D | 31 TITLE | SD ☒ Change ☐ Addition |
| NAME | HARLESS DORCEY E. SR. | 32 NAME | Theophilus Bejelis |
| STREET ADDRESS | 1709 N.E. 6TH TERR. | 33 STREET ADDRESS | 1206 SW 1st Pl |
| CITY-ST-ZIP | CAPE CORAL FL | 34 CITY-ST-ZIP | Cape Coral, FL 33991 |
| TITLE | P | 41 TITLE | ☒ Change ☐ Addition |
| NAME | PANACCIONE, DOUGLAS E. | 42 NAME | Delete |
| STREET ADDRESS | 1413 S.E. 20TH ST. | 43 STREET ADDRESS | 100001494401 |
| CITY-ST-ZIP | CAPE CORAL FL | 44 CITY-ST-ZIP | -05/19/95--01031--018 |
| TITLE | D | 51 TITLE | *****61.25 ☒ Change ☐ Addition |
| NAME | KREGER, ARTHUR K | 52 NAME | Delete |
| STREET ADDRESS | 1222 SE 33 STR | 53 STREET ADDRESS | 100001494401 |
| CITY-ST-ZIP | CAPE CORAL FL | 54 CITY-ST-ZIP | -05/19/95--01031--019 |
| TITLE | D | 61 TITLE | *****68.75 ☒ Change ☐ Addition |
| NAME | HERNANDEZ, FIDEL J | 62 NAME | Delete |
| STREET ADDRESS | 1102 SW 45 STR | 63 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** James P. Sazama James P. Sazama 4/4/95 813-283-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000481