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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732564

1. Corporation Name

CAPE CORAL, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

424 NICHOLAS PKWY W
CAPE CORAL FL 33991
US

Mailing Address

C/O JAMES SAZAMA
247 SW 22ND PL
CAPE CORAL FL 33991
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 C/O JOSEPH C. HEEB

Suite, Apt. #, etc.

27 2580 BAYSHORE DRIVE

City & State

28 MATLACHA, FLORIDA

Zip Country

29 33993-9737 30

3. Date Incorporated or Qualified

04/24/1975

4. FEI Number

59-1635792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SAZAMA, JAMES P
247 SW 22ND PL
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name

HEEB, JOSEPH C.

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

2580 BAYSHORE DRIVE

83

MATLACHA, FLORIDA

84 City

MATLACHA

FL

85 Zip Code

33993-9737

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

JANUARY 19, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SAZAMA, JAMES
STREET ADDRESS 247 SW 22 PLACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE VD ☐ DELETE
NAME SCHROEDER, DAVID B.
STREET ADDRESS 310 SE 6TH ST.
CITY-ST-ZIP CAPE CORAL FL

TITLE SD ☒ DELETE
NAME BEJELIS, THEOPHILUS
STREET ADDRESS 1206 SW 1ST. PLACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE D ☐ DELETE
NAME RICHARDSON, JOHN
STREET ADDRESS 1310 SW 4TH CT
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME HEEB, JOSEPH C.
1.3 STREET ADDRESS 2580 BAYSHORE DRIVE
1.4 CITY-ST-ZIP MATLACHA, FL 33993-9737

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME PERRY, DAVID L.
3.3 STREET ADDRESS 119 SW 35th PLACE
3.4 CITY-ST-ZIP CAPE CORAL, FL 33991-7609

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

REQUIRED
Signature and typed or printed name of signing officer or director

FEBRUARY 1, 1999

(941) 283-9149

Date

Daytime Phone #

CR2E037 (11/98)