

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 732564 1. Entity Name CENTRAL CAPE CORAL CONGREGATION OF JEHOVAH'S WITNESSES, INC.					
Principal Place of Business 424 NICHOLAS PKWY W CAPE CORAL, FL 33991 US			Mailing Address 424 NICHOLAS PKWY W CAPE CORAL, FL 33991 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address DOUGLAS E. PANACCIONE 1413 S.E. 20th ST. CAPE CORAL, FL 33990			
City & State		City & State		4. FEI Number 59-1635792	
Zip 33990	Country LEE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HEEB, JOSEPH C 2580 BAYSHORE DR MATLACHA, FL 33993-9737				7. Name and Address of New Registered Agent Name DOUGLAS E. PANACCIONE Street Address (P.O. Box Number is Not Acceptable) 1413 S.E. 20th ST. CAPE CORAL, FL 33990 City FL Zip Code 33990	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANACCIONE, DOUGLAS 424 NICHOLAS PKWY W CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLLS, DONALD 424 NICHOLAS PKWY W CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIETER, CHRISTOPHER 424 NICHOLAS PKWY W CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACKEY, RALPH E 424 NICHOLAS PKWY W CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>DOUGLAS E. PANACCIONE</u> 10/26/04 239-574-1817 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE



REINSTATEMENT 2004