

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2005 08:00 AM
Secretary of State

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
**C/O DOUGLAS E. PANACCIONE
1413 S.E. 20TH STREET
CAPE CORAL, FL 33990**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1635792

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PANACCIONE, DOUGLAS E
1413 S.E. 20TH STREET
CAPE CORAL, FL 33990**

**DO NOT WRITE
IN THIS SPACE**

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 renating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PANACCIONE, DOUGLAS
424 NICHOLAS PKWY W
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NICHOLLS, DONALD
424 NICHOLAS PKWY W
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DIETER, CHRISTOPHER
424 NICHOLAS PKWY W
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOARD MEMBER
LACKEY, RALPH E
424 NICHOLAS PKWY W
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000204278
01/29/05-80062-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Douglas E. Panaccione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05
Date

239 574-1817
Daytime Phone #