

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 018 ****61.25

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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**



01062006 No Chg-NP CR2E037 (11/05)

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	TB 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Douglas E. Panaccione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2006 239 574-1617
Date City/Phone #