

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90115 047 ****61.25

DOCUMENT # 732564

1. Entity 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 JOSEPH C HEEB
2580 BAYSHORE DRIVE
MATLACHA FL 33993-9737
US**

11010934



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1635792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEEB, JOSEPH C
2580 BAYSHORE DR
MATLACHA FL 33993-9737**

Name

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

City

FL

Zip Code

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

Joseph C. Heeb

JOSEPH C. HEEB

PD

4-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HEEB, JOSEPH C**
STREET ADDRESS **2580 BAYSHORE DR**
CITY-ST-ZIP **MATLACHA FL 33993-9737**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **SCHROEDER, DAVID B**
STREET ADDRESS **310 SE 6TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VD** ☒ Change ☐ Addition
NAME **WILKERSON, NOAH**
STREET ADDRESS **3904 SW 26TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **SD** ☐ Delete
NAME **PERRY, DAVID L**
STREET ADDRESS **119 SW 35TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33991-7609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JANES, ALLEN**
STREET ADDRESS **3634 SE 20TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph C. Heeb
JOSEPH C. HEEB

4-20-03

239-283-9149

CR2E037 (10/02)