

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733139

FILED
Apr 15, 2005
Secretary of State

Entity Name: EAST LEHIGH ACRES CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:

206 LEE BLVD.
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

1001 LEHIGH E RD
LEHIGH ACRES, FL 33972 US

New Mailing Address:

117 S RICHMOND AVE
LEHIGH ACRES, FL 33936 US

FEI Number: 59-2820609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCIACCA, VINCENT M
117 S RICHMOND AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SCIACCA, VINCENT M,
Address: 117 S RICHMOND AVE
City-St-Zip: LEHIGH ACRES, FL 00000,

Title: PD () Delete
Name: SPEAR, TIMOTHY
Address: 609B JOEL BLVD
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD () Delete
Name: WIENKE, PETER
Address: 1001 LEHIGH E RD
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SPEAR, TIMOTHY
Address: 2603 E 2ND ST
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD (X) Change () Addition
Name: SPEAR, HERB
Address: 10715 FIG TREE CT
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: V MARIO SCIACCA

SD

04/15/2005

Electronic Signature of Signing Officer or Director

Date