

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000343

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** NORTHWEST CONGREGATION OF JEHOVAH'S WITNESSES, INC.

**Current Principal Place of Business:**

1209 S.W. 9TH TERRACE  
CAPE CORAL, FL 33911

**New Principal Place of Business:**

**Current Mailing Address:**

1209 S.W. 9TH TERRACE  
CAPE CORAL, FL 33911

**New Mailing Address:**

**FEI Number:** 59-2806780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILKERSON, NOAH  
3438 MALAGROTTA CIRCLE  
CAPE CORAL, FL 33909 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:** P  
**Name:** GYDOSH, DAVID A  
**Address:** 4336 NW 31ST TERR.  
**City-St-Zip:** CAPE CORAL, FL 33993

**Title:** V  
**Name:** SUMMERSETT, ROBERT P  
**Address:** 302 SE 6TH ST..  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** S  
**Name:** WILKERSON, NOAH B  
**Address:** 3438 MALAGROTTA CIRCLE  
**City-St-Zip:** CAPE CORAL, FL 33909

**Title:** T  
**Name:** PERRY, DAVID L  
**Address:** 119 SW 25TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

**SIGNATURE:** NOAH B. WILKERSON

S

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date