

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90068 002 ****61.25

DOCUMENT # N12638

1. Entity Name

**DELTONA NORTH CONGREGATION OF JEHOVAH'S
WITNESSES, INC.**



Principal Place of Business

**WILBERT RANGER
1258 CATALINA BLVD.
DELTONA FL 32725**

Mailing Address

**WILBERT RANGER
1258 CATALINA BLVD
DELTONA FL 32725**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2382513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RANGER, WILBERT
1258 CATALINA BLVD
DELTONA FL 32725**

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANGER, WILBERT	
STREET ADDRESS	1258 CATALINA BLVD	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOSEPH JACKSON	
STREET ADDRESS	1922 E. COOPER DR.	
CITY - ST - ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSHER, ROBERT	
STREET ADDRESS	1317 MERRIFIELD AVE	
CITY - ST - ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RASCHE, CHARLES	
STREET ADDRESS	1195 N OLD MILL DR.	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOHN	
STREET ADDRESS	1054 BLUE HORIZON DR	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIWAARAYAN, KRISH	
STREET ADDRESS	1363 S SEAGATE DR.	
CITY - ST - ZIP	DELTONA FL 32725	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY WILLIAM	
STREET ADDRESS	3201 UTAH DR.	
CITY - ST - ZIP	DELTONA, FL. 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. George Ranger* **WILBERT GEORGE RANGER** 3-27-05 386-789-4725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #