

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 PH 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15456** (9)
1. Corporation Name
EAST CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

Mailing Address

**2646 FORD STREET
P O BOX 7394
FT. MYERS FL 33911**

**2646 FORD STREET
P O BOX 7394
FT. MYERS FL 33911**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1986

3a. Date of Last Report

03/17/1994

4. FEI Number

65-0032412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CARR, HORACE JR.
2424 EDWARDS DR., #101
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ROWLAND, BARNESTER
2461 AZTEC DR.
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
SILAS, CHARLES
3422 JEFFCOAT ST
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
DAVIS, WILLIE E
2305 TOWLES ST
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
THOMPSON, JOHNNIE
3705 NICK ST
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WATKINS, EARNEST
2939 MARKET ST
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HAMILTON, ALEXANDER
2189 TOWLES STREET
FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**D
REGINALD DICK
759 CAYCE LANE
FORT MYERS FL.**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William E. H. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

My/Her Name #

3/3/95

813-337-1905

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