

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **06/17/1986** 3a. Date of Last Report **04/04/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

## 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DICK, REGINALD</b>	
STREET ADDRESS	<b>759 CAYCE LANE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SILAS, CHARLES</b>	
STREET ADDRESS	<b>3422 JEFFCOAT ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, WILLIE E</b>	
STREET ADDRESS	<b>2305 TOWLES ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, JOHNNIE</b>	
STREET ADDRESS	<b>3705 NICK ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATKINS, EARNEST</b>	
STREET ADDRESS	<b>2939 MARKET ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMILTON, ALEXANDER</b>	
STREET ADDRESS	<b>2169 TOWLES STREET</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **ROWLAND BARNESTER**  
1.3 STREET ADDRESS **2461 AZTEC DR**  
1.4 CITY-ST-ZIP **FORT MYERS FL33916**  
2.1 TITLE **SILAS CHARLES - PRESIDENT** ☐ Change ☐ Addition  
2.2 NAME **3422 JEFFCOTT ST.**  
2.3 STREET ADDRESS **FORT MYERS, FL. 33916**  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **600001738136**  
3.3 STREET ADDRESS **-03/11/96--01006--005**  
3.4 CITY-ST-ZIP **\*\*\*61.25**  
4.1 TITLE **P** ☐ Change ☒ Addition  
4.2 NAME **SILAS CHARLES**  
4.3 STREET ADDRESS **3422 JEFFCOTT STREET**  
4.4 CITY-ST-ZIP **FORT MYERS, FL 33916**  
5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **CARR, REGINALD**  
5.3 STREET ADDRESS **2235 CANAL STREET**  
5.4 CITY-ST-ZIP **FORT MYERS, FL ##(1) 33916**  
6.1 TITLE **V** ☒ Change ☐ Addition  
6.2 NAME **HAMILTON, ALEXANDER**  
6.3 STREET ADDRESS **2169 TOWLES STREET**  
6.4 CITY-ST-ZIP **FORT MYERS, FL 33916**

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 119.07(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:

*Willie E Davis* **WILLIE E. DAVIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)