


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90056 007 ****61.25

0060688

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N15456

1. Corporation Name

EAST CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

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

Mailing Address

3422 JEFFCOTT ST
P O BOX 7394
FORT MYERS FL 33916-714
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

3. Date Incorporated or Qualified

06/17/1986

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

9. Name and Address of Current Registered Agent

THOMPSON, JOHNNIE
3705 NICK ST
FORT MYERS FL 33916

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

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME CARR, HORACE J
STREET ADDRESS 2424 EDWARDS DRIVE STE 101
CITY-ST-ZIP FORT MYERS FL 01

TITLE P ☐ DELETE
NAME CHARLES, SILAS
STREET ADDRESS 3422 JEFFCOTT STREET
CITY-ST-ZIP FORT MYERS FL 33916

TITLE S ☐ DELETE
NAME DAVIS, WILLIE E
STREET ADDRESS 2305 TOWLES ST
CITY-ST-ZIP FT. MYERS FL

TITLE TD ☐ DELETE
NAME THOMPSON, JOHNNIE
STREET ADDRESS 3705 NICK ST
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE
NAME MABRY, PAUL
STREET ADDRESS 2441 MORENO AVE
CITY-ST-ZIP FT. MYERS FL 33916

TITLE D ☐ DELETE
NAME HAMILTON, ALEXANDER
STREET ADDRESS 2769 TOWLES ST.
CITY-ST-ZIP FORT MYERS FL 48

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *WILLIE E DAVIS* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

841-337-1905

Daytime Phone #

CR2E037 (1/98)