

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15456

1. Entity Name

EAST CONGREGATION OF JEHOVAH'S WITNESSES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-15-2000 90040 003 ****61.25

Principal Place of Business

Mailing Address

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

3422 JEFFCOTT ST
P O BOX 7394
FORT MYERS FL 33916-5714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0032412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, JOHNNIE
3705 NICK ST
FORT MYERS FL 33916

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.

SIGNATURE *Charles Silas Sec.*

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

(NOTE: Registered Agent signature required when amending)

DATE

3/19/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	CARR, HORACE J	
STREET ADDRESS	2424 EDWARDS DRIVE STE 101	
CITY-ST-ZIP	FORT MYERS FL 01	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHARLES, SILAS	
STREET ADDRESS	3422 JEFFCOTT STREET	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILLIE E	
STREET ADDRESS	2305 TOWLES ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHNNIE	
STREET ADDRESS	3705 NICK ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MABRY, PAUL	
STREET ADDRESS	2441 MORENO AVE	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, ALEXANDER	
STREET ADDRESS	2769 TOWLES ST.	
CITY-ST-ZIP	FORT MYERS FL 48	

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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Silas 1/31/99 (941) 337-0599

Date

Daytime Phone #

CR2E037 (9/99)