


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90428 028 \*\*\*\*61.25

<b>DOCUMENT # N26756</b> 1. Entity Name <b>BAYSHORE CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>					
Principal Place of Business <b>C/O KINGDOM HALL 17361 SLATER RD NORTH FT. MYERS, FL 33917 US</b>			Mailing Address <b>ROBERT A. OFFERMANN 838 HOLLYBERRY COURT NORTH FORT MYERS, FL 33917</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2819891</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OFFERMANN, ROBERT A 838 HOLLYBERRY COURT NORTH FT. MYERS, FL 33917</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARK, DOROTHY D 8550 HART RD N FT MYERS, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCARTNEY, CHARLES H. 7510 MCDANIEL DR. NE N. FT. MYERS, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAES, JOHN F 1303 SW 16 TERR #201 CAPE CORAL, FL 33991</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BERRY, DORSEY L JR P.O. BOX 3117 NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD OFFERMANN, ROBERT A 838 HOLLYBERRY COURT NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEEGAN, DONALD J 5145 FOX LAKE DRIVE N FT MYERS, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AMIDON, DAVID J. 250 BYRON AVE NORTH FORT MYERS FL - 33917</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>Robert A. Offermann</i> ROBERT A OFFERMANN 4/30/06 239-543-1503</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					