

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N26756

1. Entity Name
**BAYSHORE CONGREGATION OF JEHOVAH'S
WITNESSES, INC.**



Principal Place of Business
**C/O KINGDOM HALL
17361 SLATER RD
NORTH FT. MYERS, FL 33917 US**

Mailing Address
**ROBERT A. OFFERMANN
838 HOLLYBERRY COURT
NORTH FORT MYERS, FL 33917**



01132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2819891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OFFERMANN, ROBERT A
838 HOLLYBERRY COURT
NORTH FT. MYERS, FL 33917**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARK, DOROTHY D
STREET ADDRESS	8550 HART RD
CITY-ST-ZIP	N FT MYERS, FL
TITLE	D
NAME	MCCARTNEY, CHARLES H.
STREET ADDRESS	7510 MCDANIEL DR. NE
CITY-ST-ZIP	N. FT. MYERS, FL
TITLE	D
NAME	AMIDON, DAVID J
STREET ADDRESS	250 BYRON AE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33317
TITLE	VD
NAME	BERRY, DORSEY L JR
STREET ADDRESS	P.O. BOX 3117
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	STD
NAME	OFFERMANN, ROBERT A
STREET ADDRESS	838 HOLLYBERRY COURT
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	KEEGAN, DONALD J
STREET ADDRESS	5145 FOX LAKE DRIVE
CITY-ST-ZIP	N FT MYERS, FL

U00000604145
01/29/07-80042-004 61.25

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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Offermann **ROBERT A. OFFERMANN** 1/13/07 239-593-1303