


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
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
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2819891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000930250
05/21/08-80100-015 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:  **ROBERT A. OFFERMANN** 4/23/08 239-593-1503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #