

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:13

DOCUMENT # N50187 (6)

1. Corporation Name

CLEWISTON, FLORIDA CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

221 W. EL PASCO AVE.
CLEWISTON FL 33440

Mailing Address

C/O ROBERT NIGHTINGALE
307 PINECREST AVE.
MOORE HAVEN FL 33471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1867389

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIGHTINGALE, ROBERT
307 PINECREST AVE.
MOORE HAVEN FL 33471

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 607.0502 and 607.1508, 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 607.0505, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NIGHTINGALE, ROBERT
307 PINECREST AVE.
MOORE HAVEN, FL 33471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/D
SAPP, GARY
520 W. ALVERDEZ AVE
CLEWISTON FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
WARNER, EARL
P.O. BOX 1192 N/A
CLEWISTON FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
O'DELL, ROLAND
P.O. BOX 1498 N/A
CLEWISTON, FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BAKER, ROBERT
924 MISSISSIPPI AVE.
CLEWISTON FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Robert Nightingale

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

ROBERT NIGHTINGALE

FEB. 24, 1995 (813) 946-0308