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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33471-3028

3. Date Incorporated or Qualified  
**07/01/1992**

3a. Date of Last Report  
**11/25/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**59-1867389**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD NIGHTINGALE, ROBERT**  
STREET ADDRESS **307 PINECREST AVE.**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

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

TITLE ☐ DELETE  
NAME **V/D SAPP, GARY**  
STREET ADDRESS **520 W. ALVERDEZ AVE**  
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☐ DELETE  
NAME **STD WARNER, EARL**  
STREET ADDRESS **P.O. BOX 1192 N/A**  
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☐ DELETE  
NAME **D O'DELL, ROLAND**  
STREET ADDRESS **P.O. BOX 1498 N/A**  
CITY-ST-ZIP **CLEWISTON, FL 33440**

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

TITLE ☐ DELETE  
NAME **D BAKER, ROBERT**  
STREET ADDRESS **924 MISSISSIPPI AVE.**  
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D JAMES HIBBS**  
6.3 STREET ADDRESS **1646 TAMMY RD.**  
6.4 CITY-ST-ZIP **CLEWISTON, FL. 33440**

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 Apr 97** (341) 983-8302

CR2E037 (9/96)