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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90042 031 \*\*\*\*61.25

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**DOCUMENT # N50187**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/01/1992

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

9. Name and Address of Current Registered Agent

NIGHTINGALE, ROBERT  
307 PINECREST AVE.  
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME NIGHTINGALE, ROBERT  
STREET ADDRESS 307 PINECREST AVE.  
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE VD ☐ DELETE

NAME SAPP, GARY  
STREET ADDRESS P O BOX 127 MEDUSA FRUIT CO  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☒ DELETE

NAME WARNER, EARL  
STREET ADDRESS P O BOX 1192 N/A  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME BAKER, ROBERT  
STREET ADDRESS 924 MISSISSIPPI AVE. 655 Janet St.  
CITY-ST-ZIP CLEWISTON FL 33440 Montura Ranches

TITLE STD ☐ DELETE

NAME HIBBS, JAMES  
STREET ADDRESS 1646 TAMMY RD  
CITY-ST-ZIP CLEWISTON FL 33440

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Gary Berg  
1.3 STREET ADDRESS 707 Hoover Dike Rd. #401  
1.4 CITY-ST-ZIP Clewiston, Fl. 33440

2.1 TITLE D Address ☒ Change ☐ Addition

2.2 NAME Robert Baker  
2.3 STREET ADDRESS P.O. Box 2506 655 Janet St.  
2.4 CITY-ST-ZIP Clewiston, Fl. 33440 Montura Ranches

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Gary Berg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 JAN 99

Date

Daytime Phone #

CR2E037 (1/198)