

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N50187

1. Entity Name
CLEWISTON, FLORIDA CONGREGATION OF JEHOVAH'S
WITNESSES, INC.



FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90667 002 ****61.25

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
221 W. EL PASCO AV.

3. Mailing Address
C/O GARY L. SAPP P.O. Box 127

03312004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEWISTON, FL.

City & State
CLEWISTON, FL.

4. FEI Number
59-1867389

Applied For
Not Applicable

Zip
33440

Country
USA

Zip
33440

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JAMES HIBBS

Street Address (P.O. Box Number is Not Acceptable)
780 TAMMY RD.

City CLEWISTON,

FL

Zip Code 33440

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

James D. Hibbs

STD

4/06/04

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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 BAKER, ROBERT
STREET ADDRESS 655 JANET ST
CITY-ST-ZIP CLEWISTON, FL 33440

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME BAKER, ROBERT
STREET ADDRESS 331 W. TRINIDAD
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE STD ☒ Change ☐ Addition
NAME HIBBS, JAMES
STREET ADDRESS 780 TAMMY RD.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Gary L. Sapp

GARY L. SAPP

VP

6 APR 04

863-983-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #