

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90022 029 ****61.25

DOCUMENT # N50187

1. Entity 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 GARYL SAAP
P.O. BOX 127
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1867389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIBBS, JAMES
730 TAMMY RD
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name **GARY L. SAAP**

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

10990 C.R. 833

City **CLEWISTON, FL.**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | <input type="checkbox"/> Delete |
| NAME | SAAP, GARY | |
| STREET ADDRESS | P O BOX 127 MEDUSA FRUIT CO | |
| CITY-ST-ZIP | CLEWISTON FL 33440 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, ROBERT | |
| STREET ADDRESS | 331 W TRINIDAD | |
| CITY-ST-ZIP | CLEWISTON FL 33440 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | HIBBS, JAMES | |
| STREET ADDRESS | 780 TAMMY RD | |
| CITY-ST-ZIP | CLEWISTON FL 33440 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAAP, GARY L. | |
| STREET ADDRESS | P.O. BOX 127 10990 C.R. 833 | |
| CITY-ST-ZIP | CLEWISTON, FL. 33440 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GEORGE F. JORDAN | |
| STREET ADDRESS | 517 S.W. 9th ST. | |
| CITY-ST-ZIP | BELLE GLADE 33430 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT NIGHTINGALE | |
| STREET ADDRESS | 207 PINECREST AV. | |
| CITY-ST-ZIP | MOORE HAVEN, FL. 33471 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 MAR 05 863-228-0714