

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 011 ****61.25

DOCUMENT # N50187

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



Principal Place of Business
**221 W. EL PASO AVE.
CLEWISTON, FL 33440**

Mailing Address
**C/O GARYL SAAP
P.O. BOX 127
CLEWISTON, FL 33440**

2. Principal Place of Business
221 W. EL PASO AVE.

3. Mailing Address
P.O. Box 127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

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

**SAPP, GARY L
10990 C.R. 833
CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent

Name
GARY L. SAPP

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

619 ORANGE 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 *Gary L. Sapp* **VD GARY L. SAPP VD 3 APR 06**
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, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SAPP, GARY
P.O. BOX 127, 10990 C.R. 833
CLEWISTON, FL 33440** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAKER, ROBERT
331 W TRINIDAD
CLEWISTON, FL 33440** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOROAN, GEORGE
517 S.W. 9TH ST
BELLE GLADE, FL 33430** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NIGHTINGALE, ROBERT
207 PINECREST AVE
MOORE HAVEN, FL 33471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SAPP, GARY L.
619 ORANGE Rd.
CLEWISTON, FL 33440** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Michael TURNER
1818 JOHN Rd.
CLEWISTON, FL 33440** ☐ Change ☒ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **VD GARY L. SAPP VD 3 APR 06** **863-983-8302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #