

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50187

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

221 W. EL PASO AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

POB 127
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-1867389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, GARY L
516 COMMERCIO ST.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

SAPP, GARY L
1550 OLD U.S. 27 LOT #282
CLEWISTON, FL 33440 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SAPP, GARY
Address: 516 COMMERCIO ST.
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: BAKER,, ROBERT
Address: 331 W TRINIDAD
City-St-Zip: CLEWISTON, FL 33440

Title: P () Delete
Name: NIGHTINGALE, ROBERT
Address: 207 PINECREST AVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: TURNER, MICHAEL
Address: 1818 JOHN RD
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SAPP, GARY
Address: 1550 OLD U.S. 27 LOT #282
City-St-Zip: CLEWISTON, FL 33440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NIGHTINGALE, ROBERT
Address: 307 PINECREST AVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SAPP

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date