

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50187

**FILED**  
**Jun 19, 2010**  
**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  
1550 OLD U.S. 27 LOT #282  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: P  
Name: NIGHTINGALE, ROBERT  
Address: 307 PINECREST AVE  
City-St-Zip: MOORE HAVEN, FL 33471

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

I hereby 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 all other like empowered.

SIGNATURE: GARY SAPP

VD

06/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date