

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004004 (7)

1. Corporation Name

**EAST PORT CHARLOTTE, FLORIDA CONGREGATION OF JEH
OVAH'S WITNESSES, INC.**



Principal Place of Business

Mailing Address

**17520 LAKE WORTH BLVD
PORT CHARLOTTE FL 33948**

**1083 MANILLA LN
PUNTA GORDA FL 33983**

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 22489 Hernando Ave.

4. FEI Number

59-2825651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**EVANS, WILLIAM G
1083 MANILLA LN
PUNTA GORDA FL 33983**

10. Name and Address of New Registered Agent

81 Name

Stevens, John C.

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

22489 Hernando Ave.

83

84 City

Port Charlotte

FL

85 Zip Code

33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JOHN C. STEVENS - President**

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

(NOTE: Registered Agent signature required when reinstating)

2/9/96

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **EVANS, WILLIAM G**
STREET ADDRESS **1083 MANILLA LN**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **STD** ☐ DELETE

NAME **BAXTER, JAMES**
STREET ADDRESS **21064 DENISE AVE**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **VD** ☐ DELETE

NAME **ELVIE, CLINTON**
STREET ADDRESS **25881 AYSEN**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Stevens, John C.**
1.3 STREET ADDRESS **22489 Hernando Ave**
1.4 CITY-ST-ZIP **Port Charlotte, FL. 33952**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN C. STEVENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

Date

941-766-0608

Daytime Phone #

CR2E037 (12/95)