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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33946**

**22489 HERNANDO AVENUE  
PT CHARLOTTE FL 33952  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **1156 Hinton St.**

**22** City & State

**27** City & State  
**Port Charlotte FL.**

**23** Zip Country

**28** Zip Country  
**33952 Charlotte**

9. Name and Address of Current Registered Agent

**STEVENS, JOHN C.  
22489 HERNANDO AVENUE  
PT. CHARLOTTE FL 33952**

81 Name

**Charles L. Morris**

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

**1156 Hinton St.**

83

84 City **Port Charlotte**

**FL**

85 Zip Code **33952**

10. Name and Address of New Registered Agent

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 **Charles L. Morris**

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

**Charles L. Morris**

(NOTE: Registered Agent signature required when reinstating)

**2/12/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☒ DELETE

NAME **STEVENS, JOHN C.**  
STREET ADDRESS **22489 HERNANDO AVENUE**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

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 AYSAN**  
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

☒ Change ☐ Addition

1.2 NAME

**PO Charles L. Morris**  
**1156 Hinton St.**  
**Port Charlotte FL 33952**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 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: **Charles L. Morris** **Charles L. Morris** **2/12/98** **(941) 625-0096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **625-0096**

CR2E037 (10/97)