


FILED

Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90070 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000004004

1. Corporation Name

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

Principal Place of Business

17520 LAKE WORTH BLVD
PORT CHARLOTTE FL 33948

Mailing Address

1156 HINTON ST
PT CHARLOTTE FL 33952
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 3346 IDLEWILD STREET	08/10/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2825651
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28 PORT CHARLOTTE FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	Trust Fund Contribution <input type="checkbox"/>
24 23 29 33952 30 USA		

9. Name and Address of Current Registered Agent

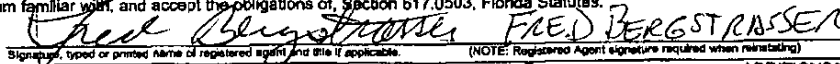
STEVENS, JOHN C.
22489 HERNANDO AVENUE
PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name	BERGSTRASSER, FRED
82 Street Address (P.O. Box Number is Not Acceptable)	3346 IDLEWILD STREET
83	
84 City	PORT CHARLOTTE FL
85 Zip Code	33980

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



3/17/99

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

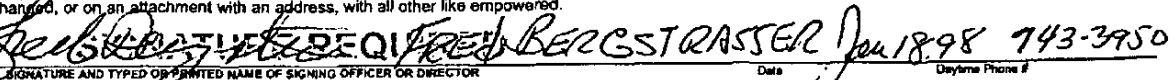
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, CHARLES L	1.2 NAME	BERGSTRASSER, FRED
STREET ADDRESS	1156 HINTON ST	1.3 STREET ADDRESS	3346 IDLEWILD STREET
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, JAMES	2.2 NAME	HAVERLAND, ANDREW
STREET ADDRESS	21064 DENISE AVE	2.3 STREET ADDRESS	1081 MARCUS STREET
CITY-ST-ZIP	PT CHARLOTTE FL 33952	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	VO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVE, CLINTON	3.2 NAME	WILLIAMS, CLAUDE
STREET ADDRESS	25881 AYSN	3.3 STREET ADDRESS	1243 MARLOW STREET
CITY-ST-ZIP	PUNTA GORDA FL 33983	3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)