

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90123 031 ****61.25

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DOCUMENT # N97000003367

1. Corporation Name

**EAST RIDGE CONGREGATION OF JEHOVAH'S WITNESSES,
SARASOTA, FLORIDA, INC.**

Principal Place of Business

5250 PROCTOR ROAD
SARASOTA FL 34233

Mailing Address

7258 CASTLE DR
SARASOTA FL 34240
US

* 4 8 9 1 8 *
480918 - 90123 - 31



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 437 EAST LAKE DR		06/10/1997	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 SARASOTA FL		59-2832779	
24 Zip		29 34232		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DAMRON, DONALD P
7258 CASTLE DRIVE
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name BALL, JOHN B
82 Street Address (P.O. Box Number is Not Acceptable) 437 EAST LAKE DRIVE
83
84 City SARASOTA FL 85 Zip Code 34232

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 BALL

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

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMSHOFF, KENNETH	1.2 NAME	EMSHOFF, KENNETH
STREET ADDRESS	4881 BACCHARIS WAY	1.3 STREET ADDRESS	4481 BACCHARIS WAY
CITY-ST-ZIP	SARASOTA FL 34241	1.4 CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ROBERT	2.2 NAME	
STREET ADDRESS	4904 RENO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	2.4 CITY-ST-ZIP	
TITLE	DRA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMRON, DONALD	3.2 NAME	BALL, JOHN
STREET ADDRESS	7258 CASTLE DR	3.3 STREET ADDRESS	437 EAST LAKE DR
CITY-ST-ZIP	SARASOTA FL 34240	3.4 CITY-ST-ZIP	SARASOTA FL 34232
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: JOHN BALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

DATE

941 371-5387

Daytime Phone #

CR2E037 (1/98)