

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003367

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



Principal Place of Business
**5250 PROCTOR ROAD
SARASOTA, FL 34233**

Mailing Address
**5206 FOXCROFT CT.
SARASOTA, FL 34232-2666 US**



01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0834400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, ROBERT
5206 FOXCROFT CT
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHAWAY, JOHN 4036 WESTMINISTER DRIVE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT 5206 FOXCROFT CT. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REZAC, MICHAEL 1915 ROLLING GREEN CIR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/06-80047-013 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 #

1-31-06 941-920-1634