


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 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	



01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0834400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent COOK, ROBERT 5208 FOXCROFT CT SARASOTA, FL 34232
--

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 releasing) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 WESTMINSTER 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	

000000602220
01/26/07-80081-004 61.25

**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 119, 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: Robert D. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

01/24/07 08:31