

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90026 036 ****70.00

DOCUMENT # N98000004571

1. Entity Name

SUNCOAST NAPLES FLORIDA CONGREGATION OF
JEHOVAH'S WITNESS, INC.



Principal Place of Business

222 SABLE LAKE DRIVE
NAPLES FL 34104
US

Mailing Address

222 SABLE LAKE DRIVE
NAPLES FL 34104
US

2. Principal Place of Business

2420 OLD GROVES ROAD

Suite, Apt. #, etc.

APT 203

City & State

NAPLES

Zip

34109-7681

Country

USA

3. Mailing Address

2420 OLD GROVES ROAD

Suite, Apt. #, etc.

APT 203

City & State

NAPLES

Zip

34109-7681

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-3304836

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORRA, JOSEPH
222 SABLE LAKE DRIVE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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

2420 OLD GROVES ROAD APT 203

City

NAPLES

FL

Zip Code

34109 7681

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GORRA, JOSEPH
STREET ADDRESS 222 SABLE LAKE DRIVE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE VD
NAME RICE, JOHN M
STREET ADDRESS 5419 25TH PLACE SW
CITY-ST-ZIP NAPLES FL 34116-7501 ☒ Delete

TITLE STD
NAME BOGART, ROBERT
STREET ADDRESS 691 16TH AVE NE
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CARLETON, RICHARD
STREET ADDRESS 1790 18TH AVENUE NE
CITY-ST-ZIP NAPLES, FL. 34120 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

Joseph J. Gorra JOSEPH T. GORRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2004

Date

239 514 0505

Daytime Phone #