


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006564	
1. Entity Name REGIONAL BUILDING COMMITTEE OF JEHOVAH'S WITNESSES, INC.	

Principal Place of Business 2821 ROUTE 22 PATTERSON, NY 12563-2237	Mailing Address -2821 ROUTE 22 PATTERSON, NY 12563-2237
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 45-0463763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALLEY, JOEL 1509 CHOWKEEBIN NENE TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P WOODY, CHARLES I 2821 ROUTE 22 PATTERSON, NY 125632237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William H. Nonkes 2821 Route 22 Patterson, NY 12563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gary Pankonin 2821 Route 22 Patterson, NY 12563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Allen E. Shuster 2821 Route 22 Patterson, NY 12563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT Darrell Buchanan 2821 Route 22 Patterson, NY 12563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/05-80061-010 61.25

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: W. H. Nonkes **William H. Nonkes, Vice Pres. 1/26/05 (845) 306-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #