


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 005 ****61.25

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			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 45-0463763		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Applied For		Not Applicable				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SALLEY, JOEL 1509 CHOWKEEBIN NENE TALLAHASSEE, FL 32301			Name JIM H. MOODY			
			Street Address (P.O. Box Number is Not Acceptable) 555-B NORTH 15TH STREET			
			City IMMOKALEE		State FL	Zip Code 34142
			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 <i>Jim H. Moody</i>				DATE <i>1/13/06</i>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State.						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOODY, CHARLES I		NAME			
STREET ADDRESS	2821 ROUTE 22		STREET ADDRESS			
CITY-ST-ZIP	PATTERSON, NY 125632237		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	William H. Nonkes		
STREET ADDRESS			STREET ADDRESS	2821 Route 22		
CITY-ST-ZIP			CITY-ST-ZIP	Patterson, NY 12563		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Gary Pankonin		
STREET ADDRESS			STREET ADDRESS	2821 Route 22		
CITY-ST-ZIP			CITY-ST-ZIP	Patterson, NY 12563		
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Allen E. Shuster		
STREET ADDRESS			STREET ADDRESS	2821 Route 22		
CITY-ST-ZIP			CITY-ST-ZIP	Patterson, NY 12563		
TITLE		<input type="checkbox"/> Delete	TITLE	Ass't Secretary/Ass't Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Darrell Buchanan		
STREET ADDRESS			STREET ADDRESS	2821 Route 22		
CITY-ST-ZIP			CITY-ST-ZIP	Patterson, NY 12563		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: <i>W. H. Nonkes</i>		William H. Nonkes		Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(845)306-3400		
				Daytime Phone #		