


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 030 ****61.25

DOCUMENT # N17991					
1. Entity Name WATCHTOWER BIBLE AND TRACT SOCIETY OF FLORIDA, INC.					
Principal Place of Business 900 RED MILLS RD WALLKILL, NY 12589-3223 US			Mailing Address 900 RED MILLS RD WALLKILL, NY 12589-3223 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
4. FEI Number 58-1711312			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOODY, JIM H 1001 LEHIGH EAST RD LEHIGH ACRES, FL 33972			Name NO CHANGE/SAME AGENT		
			Street Address (P.O. Box Number is Not Acceptable) 555-B NORTH 15TH STREET		
			City IMMOKALEE		
			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 _____ (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. <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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, LEONARD R		NAME		
STREET ADDRESS	800 RED MILLS RD		STREET ADDRESS		
CITY-ST-ZIP	WALLKILL, NY 125893224		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURCOT, MAURICE C		NAME		
STREET ADDRESS	200 WATCHTOWER RD		STREET ADDRESS		
CITY-ST-ZIP	PATTERSON, NY 125639205		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALEJANDRO G		NAME		
STREET ADDRESS	800 RED MILLS RD		STREET ADDRESS		
CITY-ST-ZIP	WALLKILL, NY 125893224		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESTELL, MARK L		NAME		
STREET ADDRESS	124 COLUMBIA HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 112011698		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREBS, DONALD R		NAME		
STREET ADDRESS	124 COLUMBIA HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 112011698		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, JIM H		NAME	MOODY, JIM H	
STREET ADDRESS	1001 LEHIGH EAST RD		STREET ADDRESS	555-B NORTH 15TH STREET	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	IMMOKALEE, FL 34142	
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: <u>Mark L. Questell</u>			Mark L. Questell Secretary & Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		1/11/06
					Daytime Phone #



0112006 Chg-NP CR2E037 (11/05)