


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90019 037 ****70.00

DOCUMENT # F00000004325

1. Entity Name
WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK, INC.



Principal Place of Business
**25 COLUMBIA HEIGHTS
 BROOKLYN, NY 11201-2483**

Mailing Address
**25 COLUMBIA HEIGHTS
 BROOKLYN, NY 11201-2483**

24005637



2. Principal Place of Business
100 WATCHTOWER DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

City & State
PATTERSON, NEW YORK

City & State

Zip Country
12563-9204 PUTNAM

Zip Country

4. FEI Number
11-1753577

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MOODY, JIM H
 1001 LEHIGH EAST ROAD
 LEHIGH ACRES, FL 33972**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, MAX H 124 COLUMBIA HEIGHTS BROOKLYN, NY 112011698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLING, LONNIE R 800 RED MILLS RD WALLKILL, NY 125893224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COUCH, GEORGE M 124 COLUMBIA HEIGHTS BROOKLYN, NY 112011698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMONIS, GERALD F 124 COLUMBIA HEIGHTS BROOKLYN, NY 112011698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIZZLE, GERALD D 124 COLUMBIA HEIGHTS BROOKLYN, NY 112011698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, DAVID G 124 COLUMBIA HEIGHTS BROOKLYN, NY 112011698 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: David Sinclair **DAVID G. SINCLAIR** **01/22/04** **(718) 560-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #