


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90019 012 ****61.25

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**

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

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

City & State
PATTERSON, NEW YORK

City & State

Zip
12563-9204

Country
PUTNAM

Zip

Country

10001100



01252005 Chg-NP CR2E037 (10/03)

4. FEI Number
11-1753577

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOODY, JIM H
1001 LEHIGH EAST ROAD
LEHIGH ACRES, FL 33972

7. Name and Address of New Registered Agent

Name
(SAME AGENT/CHANGE OF ADDRESS)

Street Address (P.O. Box Number is Not Acceptable)
5558 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 _____ 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, 2005**

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 checked="" 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	D LARSON, JOHN D 800 RED MILLS RD WALLKILL, NY 12589-3224	<input type="checkbox"/> Change <input checked="" 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  **Gerald F. Simonis** **1/31/05** **(718) 560-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary & Treasurer Date Daytime Phone #