

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16914 (6)

1. Corporation Name

ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, IN C.



Principal Place of Business

Mailing Address

9358 FT. CAROLINE ROAD
C/O R. E. WILSON
JACKSONVILLE FL 32211
US

9934 FEATHERS COURT
C/O LARRY R. GOODWIN
JACKSONVILLE FL 32246
US

3. Date Incorporated or Qualified
09/22/1986

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **5534 FEATHERS COURT**

4. FEI Number
59-6611295

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25 **32246**

30 **US**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRY THOMAS
2124 AZTEL DRIVE W
224 AZTEL DRIVE W
JACKSONVILLE FL 32246

81 Name **ROBERT E. WILSON**
82 Street Address (P.O. Box Number is Not Acceptable)
2468 CORTEZ RD
83
84 City **JACKSONVILLE** FL 85 Zip Code **32246**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert E. Wilson
Signature, typed or printed name of registered agent and title if applicable

ROBERT E. WILSON
(NOTE: Registered Agent Signature required when re-registering)

3-11-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT E	
STREET ADDRESS	2468 CORTEZ ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, HARRY	
STREET ADDRESS	2124 AZTEC DRIVE W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, EDWARD E J	
STREET ADDRESS	243 AQUARIUS CIRCLE W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDOLPH JAMES	
STREET ADDRESS	949 ARIES ROAD W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, LARRY	
STREET ADDRESS	2050 E FORREST GATE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, KENNETH	
STREET ADDRESS	9934 FEATHERS COURT	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TERRANCE L. ROBINSON	
13 STREET ADDRESS	3121 UNIVERSITY BLVD # 38	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	COLLIN W. DUKS	
23 STREET ADDRESS	10764 BAHIA DR	
24 CITY-ST-ZIP	JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JAMES T. SWEAT, JR	
33 STREET ADDRESS	2351 JADESTONE CT	
34 CITY-ST-ZIP	JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert E. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. WILSON

Date

3-11-96

Daytime Phone #

904 354-5414

CR2E037 (12/95)