

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

Mailing Address: **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: **21 9358 FT. CAROLINE ROAD, JACKSONVILLE FL 32211 US**

2a. Mailing Address: **26 9934 FEATHERS COURT, JACKSONVILLE FL 32246 US**

22. Suite, Apt. #, etc.: **27 % KENNETH POWERS**

23. City & State: **28 JACKSONVILLE, FLORIDA**

24. Zip: **25 32246**, Country: **29 US**

4. FEI Number: **59-6611295**  
Applied For:  Not Applicable

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

6. Election Campaign Financing:  **\$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:  
**HARRY THOMAS  
2124 AZTEL DRIVE W  
224 AZTEL DRIVE W  
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent:  
**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* **ROBERT E. WILSON** DATE: **3-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ROBERT E	12 NAME	TERRANCE L. ROBINSON
STREET ADDRESS	2468 CORTEZ ROAD	13 STREET ADDRESS	3121 UNIVERSITY BLVD # 38
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	SD <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, HARRY	22 NAME	COLLIN W. DUKE
STREET ADDRESS	2124 AZTEC DRIVE W	23 STREET ADDRESS	10764 BAHIA DR
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, EDWARD E J	32 NAME	JAMES T. SWEAT, JR
STREET ADDRESS	243 AQUARIUS CIRCLE W	33 STREET ADDRESS	2351 JADESTONE CT
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH JAMES	42 NAME	
STREET ADDRESS	949 ARIES ROAD W	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, LARRY	52 NAME	
STREET ADDRESS	2050 E FORREST GATE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, KENNETH	62 NAME	
STREET ADDRESS	9934 FEATHERS COURT	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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* **ROBERT E. WILSON** DATE: **3-11-96** TIME: **904 354-5414**

CR2E037 (12/95)