FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State
03-08-1999 90006 018 ****70.00

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DOCUMENT # N16914

1. Corporation Name

ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

Principal Place of Business	Mailing Address
9358 FT. CAROLINE ROAD C/O LARRY HICKS JACKSONVILLE FL 32225 US	949 ARIES RD W. C/O LARRY HICKS JACKSONVILLE FL 32216-8108 US

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 09/22/1986
4. FEI Number: 59-6611295 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HICKS, LARRY
2050 E. FOREST GATE DR.
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: JAMES E. RANDOLPH
82 Street Address (P.O. Box Number is Not Acceptable): 949 ARIES RD W.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32216-8108

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: James E. Randolph — JAMES E. RANDOLPH — FEB 11, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, LARRY		1.2 NAME	
STREET ADDRESS	2050 E. FOREST GATE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Addition
NAME	ROBINSON, TERRENCE L		2.2 NAME	
STREET ADDRESS	3131 UNIVERSITY BLVD #38		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Addition
NAME	MARSHALL, MICHAEL		3.2 NAME	
STREET ADDRESS	826 ARIES RD W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4. CITY-ST-ZIP	
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Addition
NAME	RANDOLPH JAMES		4. 2 NAME	
STREET ADDRESS	949 ARIES ROAD W		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Addition
NAME	DUKE, COLLIN		5.2 NAME	
STREET ADDRESS	10764 BAHIA DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, KENNETH		6.2 NAME	
STREET ADDRESS	9934 FEATHERS COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

PLEASE NOTE:
CHANGE TO NEW AGENT REPORTED IN 1998 BUT NOT REFLECTED IN THIS REPORT.
BLK 1. C/O LARRY HICKS INCORRECT
BLK 9. PLEASE CHANGE TO INFO IN BLOCK 10.

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: James E. Randolph SIGNATURE REQUIRED — JAMES E. RANDOLPH — FEB 11, 1999 — (904) 724-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #