FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 711500**

SAN JOSE CONGREGATION OF JEHOVAH'S WITNESSES, IN

Principal Place of Business 7040 SAN JOSE BLVD. JACKSONVILLE FL 32217

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2. Principal Place of Business

Suite, Act. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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7040 SAN JOSE BLVD. JACKSONVILLE FL 32217

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90183 012 ****61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/19/1966

59-2016731

4. FEI Number

Zip	Country	Zip		Country		6. Election Campaign Financing		ng m	\$5.00 May Be	
4	25 29		30			Trust Fund Contribution			Added to Fees	
	9. Name and Address of Curren	t Registered Agent				10. Name	and Address of Nev	w Registere	Agent	
				81	Name					
DDI ICE C	HATCHED			82	Street Ad 1	Iress (P.O. Box	Number is Not Acce	otable)		
BRUCE E. HATCHER 5457 COMMUNTIY CIR.				02	Olioot Mas	1000 (1 101 000		+ ,		
				83						
JACKSON	WILLE FL 32207				-				85 Zip C	
				84	City			F	_ 85 Zip Ci	ode
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florid	ia Statu es, ti	ne above	-named corp	poration submit	s this statement for t	he purpose	f changing its r	egistered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such chang	ge was author	rized by	the corporati	ion's board of di	irectors. I hereby ac	cept the app:	entment as reg	istered
agent. 1 a	am tamiliar with, and accept the conga	unis di, Secuon dirio	Joos, rikalda	C(alules	•					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTI:: Regis	stered Agen	t signature require	ed when reinstating)		DATE		
12.		D DIRECTORS		13.		ADDITIC	NS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD	☐ DE	LETE	1.1 TITLE					Change	☐ Addition
NAME	BRUCE E. HATCHER			1.2 NAME						
STREET ADDRESS	7040 SAN JOSE BLVD.			1.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL.			14 CITY-ST	r-ZIP					
TITLE	SD	□ DÉ		2.1 TITLE					☐ Change	Addition Addition
NAME	MATNEY, R. DALE			2.2 NAME						
STREET ADDRESS				23 STREET	ADDRESS					
				2. 4 CITY-S						
CITY-ST-ZIP	JACKSONVILLE FL.	□ DE		2. 4 C(117-3 3.1 TITLE	1-21				Change	Addition
	D FUCCELL LEON III			3.2 NAME						
NAME	FUSSELL, LEON III			3.3 STREET	ADDDECE					
STREET ADDRESS	,									
CITY-ST-ZIP	JACKSONVILLE FI.	DE		3.4. CITY-S 4.1 TITLE	1-ZIP				☐ Change	Addition
TITLE		1.3 01.								_
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	i					
CITY-ST-ZIP				4.4 CITY-5	T-ZIP				☐ Change	Addition
TITLE	1	□ 05		5.1 TITLE 5.2 NAME					090	
NAME				5.2 NAME 5.3 STREET	AUDDESS					
STREET ADDRESS	·[
CITY-ST-ZIP				5.4 CITY-S' 6.1 TITLE	1-217				☐ Change	☐ Addition
TITLE	1								☐ change	
NAME	1			6.2 NAME						
	d.			6.3 STREET	ADDRESS					
STREET ADDRESS				6.4 CITY-S						

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.

Applied For

\$8.75 Acditional

Fee Required

Not Applicable