

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711500

1. Entity Name

SAN JOSE CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

Principal Place of Business

7040 SAN JOSE BLVD.
JACKSONVILLE FL 32217

Mailing Address

7040 SAN JOSE BLVD.
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2016731

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE E. HATCHER
5457 COMMUNITY CIR.
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BRUCE E. HATCHER ☐ Delete
STREET ADDRESS 7040 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MATNEY, R. DALE ☒ Delete
STREET ADDRESS 7040 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ Change ☐ Addition
NAME DONALD R. AIKEN SR
STREET ADDRESS 7040 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME FUSSELL, LEON III ☐ Delete
STREET ADDRESS 7040 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Bruce E. Hatcher Bruce E. HATCHER Feb 17-02 904-733-9640

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90076 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)