


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90041 022 ****61.25

DOCUMENT # N16914	
1. Entity Name ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, INC.	

Principal Place of Business KINGDOM HALL OF JEHOVAH'S WITNESS 2240 S. ST. JOHN'S BLUFF ROAD JACKSONVILLE FL 32246 US	Mailing Address 949 ARIES RD W. C/O JAMES E RANDOLPH JACKSONVILLE FL 32216-8108 US
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30026879



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-6611295	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RANDOLPH, JAMES G 949 ARIES RD. W. JACKSONVILLE FL 32216-8106	7. Name and Address of New Registered Agent Name RANDOLPH, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 949 ARIES ROAD WEST City JACKSONVILLE FL Zip Code 32216-8108
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E. Randolph* **JAMES E. RANDOLPH** **2/28/05**
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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, LARRY 2050 E. FOREST GATE DRIVE JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, TERRENCE L 940 DUSKIN DR JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, MICHAEL 826 ARIES RD W. JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANDOLPH JAMES 949 ARIES ROAD W JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, COLLIN 10764 BAHIA DR. JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, WILLIAM T 2027 LUANA DR JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James E. Randolph* **JAMES E. RANDOLPH** **2/28/05** (904) 486-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #