

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90170 040 \*\*\*\*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**

**40049611**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-6611295**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**RANDOLPH, JAMES G  
949 ARIES RD. W.  
JACKSONVILLE, FL 32216-8106**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | HICKS, LARRY              |  |
| STREET ADDRESS | 2050 E. FOREST GATE DRIVE |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246    |  |
| TITLE          | SD                        | <input type="checkbox"/> Delete            |
| NAME           | ROBINSON, TERRENCE L      |  |
| STREET ADDRESS | 940 DUSKIN DR             |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216    |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | PREASTER, REGINALD        |  |
| STREET ADDRESS | 2301 MINDANAO DR          |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216    |  |
| TITLE          | DP                        | <input type="checkbox"/> Delete            |
| NAME           | RANDOLPH JAMES            |  |
| STREET ADDRESS | 949 ARIES ROAD W          |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216    |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | DUKE, COLLIN              |  |
| STREET ADDRESS | 10764 BAHIA DR.           |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246    |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | PITTMAN, WILLIAM T        |  |
| STREET ADDRESS | 2027 LUANA DR             |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | DIRECTOR               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GRAHAM, JR., FRANKLIN  |  |
| STREET ADDRESS | 2534 BREMEN COURT      |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | DIRECTOR               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JAMROG, PETER          |  |
| STREET ADDRESS | 4622 RED BARK LANE     |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246 |  |
| TITLE          | DIRECTOR               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROSAS, ROBERT          |  |
| STREET ADDRESS | 4622 RED BARK LANE     |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246 |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/07** **(904) 485-5961**  
Date Daytime Phone #