

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04871

**Entity Name:** REGENCY CONGREGATION OF JEHOVAH'S WITNESSES, INC.**Current Principal Place of Business:**11225-1 ASHLEY MELISSE  
JACKSONVILLE, FL 32225**Current Mailing Address:**11225-1 ASHLEY MELISSE  
JACKSONVILLE, FL 32225 US**FEI Number: 59-2024016****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CAMERON, STANLEY V  
10951 HOUNDWELL WAY  
JACKSONVILLE, FL 32225-1573 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title        PRESIDENT, DIRECTOR  
Name        CAMERON, STANLEY V  
Address     10951 HOUNDWELL WAY  
City-State-Zip: JACKSONVILLE FL 32225

Title        DIRECTOR  
Name        BENNETT, ROYCE L  
Address     3953 ARBOR LAKE DR W  
City-State-Zip: JACKSONVILLE FL 32225

Title        DIRECTOR  
Name        HARRELL, IRVING D  
Address     4544 BAY HARBOUR DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title        DIRECTOR  
Name        BENNETT, JARED W  
Address     1196 SUNRAY CT  
City-State-Zip: JACKSONVILLE FL 32218

Title        SECRETARY, TREASURER,  
DIRECTOR  
Name        SWEAT, JAMES TJR  
Address     2351 JADESTONE CT.  
City-State-Zip: JACKSONVILLE FL 32246

Title        DIRECTOR  
Name        PACE, BENJAMIN T  
Address     1112 AKERS DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title        DIRECTOR  
Name        BROOKS, MICHAEL GSR  
Address     11909 BETULA ROAD  
City-State-Zip: JACKSONVILLE FL 32246

Title        DIRECTOR  
Name        BRYANT, KELVIN B  
Address     553 MONTY LANE  
City-State-Zip: JACKSONVILLE FL 32225

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STANLEY V. CAMERON****PRESIDENT****01/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	DONNELL, MOOREHEAD
Address	12029 CAROWINDS COURT
City-State-Zip:	JACKSONVILLE FL 32246