

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16914

Entity Name: ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, INC.**FILED**
Mar 09, 2016
Secretary of State
CC7625877254**Current Principal Place of Business:**KINGDOM HALL OF JEHOVAH'S WITNESS
2240 S. ST. JOHN'S BLUFF ROAD
JACKSONVILLE, FL 32246**Current Mailing Address:**949 ARIES RD W.
C/O JAMES E RANDOLPH
JACKSONVILLE, FL 32216-8108 US**FEI Number: 59-6611295****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RANDOLPH, JAMES E
949 ARIES RD. W.
JACKSONVILLE, FL 32216-8106 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 SD
Name ERWIN, DAMON
Address 7990 BAYMEADOWS ROAD EAST,
#2002
City-State-Zip: JACKSONVILLE FL 32256Title DP
Name RANDOLPH JAMES
Address 949 ARIES ROAD W
City-State-Zip: JACKSONVILLE FL 32216Title D
Name PATTERSON, JUSTIN
Address 1173 NESTING EAGLES LANE
City-State-Zip: JACKSONVILLE FL 32225Title DIRECTOR
Name ROSAS, ROBERT
Address 7896 MONTEREY BAY DR
City-State-Zip: JACKSONVILLE FL 32256Title D
Name POOLE, DARYL
Address 959 DUSKIN DRIVE
City-State-Zip: JACKSONVILLE FL 32216Title D
Name RUDD, KENNETH
Address 1712 BARTRAM CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32216Title DIRECTOR
Name HICKS, BRANDON
Address 8680 BAYMEADOWS ROAD EAST
APT 1211
City-State-Zip: JACKSONVILLE FL 32256

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: JAMES E RANDOLPH**DP****03/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date