## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16914

Entity Name: ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, INC.

FILED
Mar 31, 2015
Secretary of State
CC6345876506

## **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:

JACKSONVILLE FL 32216

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

JACKSONVILLE FL 32216

City-State-Zip:

Officer/Director Detail:

Title SD Title D

Name ERWIN, DAMON Name POOLE, DARYL

Address 7990 BAYMEADOWS ROAD EAST. Address 959 DUSKIN DRIVE

#2002

City-State-Zip: JACKSONVILLE FL 32256

Title DP

Name RUDD, KENNETH

Name RANDOLPH JAMES

Address 1712 BARTRAM CIRCLE EAST

Address 949 ARIES ROAD W

City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR

Title D ......

Name PATTERSON, JUSTIN Name HICKS, BRANDON

Address Address 8680 BAYMEADOWS ROAD EAST APT 1211

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR

Name ROSAS, ROBERT

Address 7896 MONTEREY BAY DR
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 RANDOLPH DP 03/31/2015