2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16914

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

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

Name and Address of Current Registered Agent:

RANDOLPH, JAMES E 949 ARIES RD. W. JACKSONVILLE, FL 32216-8106 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	SD	Title	DP
Name	ERWIN, DAMON	Name	RANDOLPH JAMES
Address City-State-Zip:	7990 BAYMEADOWS ROAD EAST, #2002 JACKSONVILLE FL 32256	Address City-State-Zip:	949 ARIES ROAD W JACKSONVILLE FL 32216
Title Name Address City-State-Zip:	D KASTNER, DAVID 10469 GREENMORE DR JACKSONVILLE FL 32246	Title Name Address City-State-Zip:	D PINKNEY, JEREMY 108 STIRLINGSHIRE CT SAINT JOHNS FL 32255
Title Name Address City-State-Zip:	DIRECTOR HICKS, BRANDON 8680 BAYMEADOWS ROAD EAST APT 1211 JACKSONVILLE FL 32256	Title Name Address City-State-Zip:	DIRECTOR ROSAS, ROBERT 7896 MONTEREY BAY DR JACKSONVILLE FL 32256
Title Name Address City-State-Zip:	D POOLE, DARYL 959 DUSKIN DR JACKSONVILLE FL 32216		

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

Date

Electronic Signature of Signing Officer/Director Detail