

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90148 012 \*\*\*\*70.00

**DOCUMENT # 708506**

1. Entity Name

FERNANDINA BEACH, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.



Principal Place of Business	Mailing Address
JEHOVAH'S WITNESSES 325 NASSAUVILLE RD FERNANDINA BEACH FL 32034	JEHOVAH'S WITNESSES 693 NASSAUVILLE RD. FERNANDINA BEACH FL 32034 US



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <i>Jehovah's Witnesses</i> <i>942471 old Nassauville rd</i>	3. Mailing Address Suite, Apt. #, etc. <i>Jehovah's Witnesses</i> <i>942081 old Nassauville Rd</i>
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1st MOORE CR2E037 (10/06)

City & State <i>Fernandina Beach, Florida</i>	City & State <i>Fernandina Beach, Fla</i>	4. FEI Number <b>59-2385367</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32034</i>	Country <i>USA</i>	Zip <i>32034</i>	Country <i>USA</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

POPE, STANLEY  
693 NASSAUVILLE RD.  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name *Pope, Stanley*

Street Address (P.O. Box Number is Not Acceptable)  
*942081 old Nassauville rd*

City *Fernandina Beach* **FL** Zip Code *32034*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: 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 NAME STREET ADDRESS CITY - ST - ZIP	D BOATRIGHT, CURTIS 768 WAXWING LANE FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POPE, STANLEY 693 NASSAUVILLE ROAD FERNANDINA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RICO, EUGENE 219 S. 6TH ST. FERNANDINA BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCM BROWN, THEODORE 3685 BAKERS DRIVE FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pope, Stanley</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>942081 old Nassauville Rd</i> <i>Fernandina Beach, Florida</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Curt Boatright* **3-3-07** **901-261-6888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #