


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90031 019 ****70.00

DOCUMENT # 708506

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



Principal Place of Business
**JEHOVAH'S WITNESSES
 94271 OLD NASHVILLE RD
 FERNANDINA BEACH, FL 32034 US**

Mailing Address
**JEHOVAH'S WITNESSES
 942081 OLD NASHVILLE RD
 FERNANDINA BEACH, FL 32034 US**

2. Principal Place of Business - No P.O. Box #
942471 Old Nassauville Rd.

3. Mailing Address
942081 Old Nassauville Rd.

Suite, Apt. #, etc.



07122008 Chg-NP CR2E037 (12/06)

City & State
FERNANDINA BEACH, FL

City & State
FERNANDINA BEACH, FL

Zip
32034

Country
U.S.A.

Zip
32034

Country
U.S.A.

4. FEI Number
59-2385367

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POPE, STANLEY
 942081 OLD NASHVILLE 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

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	D	<input type="checkbox"/> Delete
NAME	BOATRIGHT, CURTIS	
STREET ADDRESS	768 WAXWING LANE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, STANLEY	
STREET ADDRESS	942081 OLD NASHVILLE RD	
CITY-ST-ZIP	FERNANDINA BEACH, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHO, EUGENE	
STREET ADDRESS	219 S. 6TH ST.	
CITY-ST-ZIP	FERNANDINA BCH, FL	
TITLE	PCM	<input type="checkbox"/> Delete
NAME	BROWN, THEODORE	
STREET ADDRESS	3685 BAKERS DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Stanley Pope Date: 7/17/08 Daytime Phone #: 904-261-9183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR