

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90038 024 ****70.00

DOCUMENT # 708506



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

Principal Place of Business
**JEHOVAH'S WITNESSES
325 NASSAUVILLE RD
FERNANDINA BEACH FL 32034**

Mailing Address
**JEHOVAH'S WITNESSES
693 NASSAUVILLE RD.
FERNANDINA BEACH FL 32034
US**

22004425



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2385367**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POPE, STANLEY
693 NASSAUVILLE RD.
FERNANDINA BEACH FL 32034**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	693 NASSAUVILLE ROAD	
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
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CITY-ST-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *CURTIS J. BOATRIGHT* **Curtis J. Boatright** 1/20/03 904 261-6988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date File/Corp. Phone #

CR2E037 (10/02)