## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07206

FILED Apr 08, 2008 Secretary of State

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

	Principal Place	of Business:	New Prince	cipal Place of Business:		
	H AVENUE SO NVILLE BEACH					
Current Mailing Address:			New Maili	New Mailing Address:		
1127 16TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250				1715 LIGHTLY LN NEPTUNE BEACH, FL 32266 US		
FEI Number	r: 59-2395963	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
1123 HAG	HEL, BEN GLER DR E BEACH, FL 3	32266 US				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or bo		
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P ( ) PINEDA, JOHN 1715 LIGHTLY NEPTUNE BEA	LN	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	<b>D</b> ()					
Name: Address: City-St-Zip:	BASS, JOHN 917 MYSTIC H	) Delete ARBOR DRIVE E BEACH, FL 32225	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Name: Address:	BASS, JOHN 917 MYSTIC HA JACKSONVILLI	ARBOR DRIVE E BEACH, FL 32225 ) Delete BEN DR.	Name: Address:	()Change ()Addition ()Change ()Addition		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BASS, JOHN 917 MYSTIC HA JACKSONVILLI ST ( ) SCHMECHEL, 1123 HAGLER NEPTUNE BEA	ARBOR DRIVE E BEACH, FL 32225 ) Delete BEN DR.	Name: Address: City-St-Zip: Title: Name: Address:			
Name: Address: City-St-Zip: Title: Name: Address:	BASS, JOHN 917 MYSTIC H JACKSONVILLI ST SCHMECHEL, 1123 HAGLER NEPTUNE BEA	ARBOR DRIVE E BEACH, FL 32225 ) Delete BEN DR. CH, FL 32266	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  D ( ) Change (X) Addition  HARRIS, HERBERT  13175 TOM MORRIS DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN PINEDA P 04/08/2008