

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08948 (4)

1. Corporation Name

LIVE OAK CONGREGATION OF JEHOVAH'S WITNESSES, IN C.



Principal Place of Business

Mailing Address

**KINGDOM HALL OF JEHOVAH'S WITNESSES
506 HOUSTON AVE
LIVE OAK FL 32060
US**

**P O BOX 431
LIVE OAK FL 32060
US**

3. Date Incorporated or Qualified

04/26/1985

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2378803

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, JOSEPH H
RT. 7 BOX 482
LIVE OAK FL 32060**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joseph H. Johnson

Joseph H. Johnson

1-23-96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DS
MARTINSON, ALVIE G.**
STREET ADDRESS **RT. 2 BOX 65-B**
CITY-ST-ZIP **LIVE OAK FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
GRINNELL, DAVID**
STREET ADDRESS **RT. 8, BOX 119**
CITY-ST-ZIP **LIVE OAK FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
HARDEN SR., ROBERT**
STREET ADDRESS **502 SW 6TH ST.**
CITY-ST-ZIP **LIVE OAK FL**

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD
JOHNSON, JOSEPH H**
STREET ADDRESS **RT. 7, BOX 482**
CITY-ST-ZIP **LIVE OAK FL**

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

23 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

24 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

25 NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph H. Johnson

Joseph H. Johnson

1-23-96

904 362-8845

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)