

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USP O BOX 431  
LIVE OAK FL 32060-0431  
US3. Date Incorporated or Qualified  
04/26/19853a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Kingdom Hall of Jehovah's Witnesses  
4468 North US Hwy 129

26 P. O. Box 431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

23 Live Oak, Florida

28 Live Oak, Florida

Zip

Country

Zip

Country

24 32060

25 Suwannee

29 32060

30 Suwannee

4. FEI Number

59-2378803

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

Joseph H. Johnson

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

13333 76th Terrace

83

Live Oak, Florida 32060

84 City

Live Oak, Florida

FL

85 Zip Code

32060

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

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

NOTE: Registered Agent signature required when reinstating

DATE

3-6-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS  
NAME MARTINSON, ALVIE G.  
STREET ADDRESS RT. 2 BOX 65-B  
CITY-ST-ZIP LIVE OAK FL ☐ DELETE1.1 TITLE DS ☒ Change ☐ Addition  
1.2 NAME MARTINSON, ALVIE G.  
1.3 STREET ADDRESS 9355 90th Street  
1.4 CITY-ST-ZIP Live Oak, FL 32060TITLE D  
NAME GRINNELL, DAVID  
STREET ADDRESS RT. 8, BOX 119  
CITY-ST-ZIP LIVE OAK FL ☐ DELETE2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME GRINNELL, DAVID  
2.3 STREET ADDRESS 13580 US HWY 90  
2.4 CITY-ST-ZIP Live Oak, FloridaTITLE D  
NAME HARDEN SR., ROBERT  
STREET ADDRESS 502 SW 6TH ST.  
CITY-ST-ZIP LIVE OAK FL ☐ DELETE3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME HARDEN SR., ROBERT  
3.3 STREET ADDRESS 11335 144th Street  
3.4 CITY-ST-ZIP Live Oak, FloridaTITLE PD  
NAME JOHNSON, JOSEPH H  
STREET ADDRESS RT. 7, BOX 482  
CITY-ST-ZIP LIVE OAK FL ☐ DELETE4.1 TITLE PD ☒ Change ☐ Addition  
4.2 NAME JOHNSON, JOSEPH H  
4.3 STREET ADDRESS 13333 76th Terrace  
4.4 CITY-ST-ZIP Live Oak, FL 32060TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

Date

(904) 362-3845

Daytime Phone # 0000735

CP2E037 (9/96)