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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90083 027 \*\*\*\*70.00

DOCUMENT # N08948

1. Corporation Name

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

Principal Place of Business

KINGDOM HALL OF JEHOVAH'S WITNESSES  
4468 NORTH US HWY 129  
LIVE OAK FL 32060  
US

Mailing Address

P O BOX 431  
LIVE OAK FL 32060  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/26/1985

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

9. Name and Address of Current Registered Agent

JOHNSON, JOSEPH H  
13333 76TH TERRACE  
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS  
NAME MARTINSON, ALVIE G. (Deceased)  
STREET ADDRESS 9355 90TH ST.  
CITY-ST-ZIP LIVE OAK FL

TITLE D  
NAME GRINNELL, DAVID  
STREET ADDRESS 13580 US HWY 90  
CITY-ST-ZIP LIVE OAK FL

TITLE D  
NAME HARDEN SR., ROBERT  
STREET ADDRESS 11335 144TH ST.  
CITY-ST-ZIP LIVE OAK FL

TITLE PD  
NAME JOHNSON, JOSEPH H  
STREET ADDRESS 13333 76TH TERRACE  
CITY-ST-ZIP LIVE OAK FL

TITLE Director/Secretary  
NAME Douglas C. Gielenfeldt  
STREET ADDRESS 1633 Ingleside Dr NE  
CITY-ST-ZIP Live Oak, FL 32060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

904-362-3945

Date

Daytime Phone #

CR25037 (11/98)