

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**  
03-28-2001 90206 050 \*\*\*\*70.00

0007014

**DOCUMENT # N08948**

1. Entity Name

**LIVE OAK CONGREGATION OF JEHOVAH'S WITNESSES, IN**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2378803**

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

Name

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

City

**FL**

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **GIELENFELDT, DOUGLAS C**  
STREET ADDRESS **1633 INGLESIDE DR. NE**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

**2-6-01 904 362-3845**

CR2E037 (10/00)