

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08948

1. Entity Name

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2378803

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Joseph H Johnson

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

(NOTE: Registered Agent signature required when reinstating)

Jan 15, 2002

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	<input type="checkbox"/> Delete
NAME	GRINNELL, DAVID	
STREET ADDRESS	13580 US HWY 90	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEN, SR., ROBERT	
STREET ADDRESS	11335 144TH ST.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH H	
STREET ADDRESS	13333 76TH TERRACE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GIELENFELDT, DOUGLAS C	
STREET ADDRESS	1633 INGLESIDE DR. NE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph H Johnson* 1/15/2001 396-362-3845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)