

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 29 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08948

1. Entity Name  
LIVE OAK CONGREGATION OF JEHOVAH'S WITNESSES,  
INC.



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



02202004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2378803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joseph H Johnson DATE 2-20-2004  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

900031549879  
03/31/04--01019--013 \*\*70.00

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINNELL, DAVID 13580 US HWY 90 LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN SR., ROBERT 11335 144TH ST. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JOSEPH H 13333 76TH TERRACE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIELENFELDT, DOUGLAS C 1633 INGLESIDE DR. NE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 A Johnson Date 2-20-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR