

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR -9 AM 9:27****DOCUMENT # N12197 (2)**

1. Corporation Name

**THE JACKSONVILLE WESTSIDE CONGREGATION OF JEHOVA
H'S WITNESSES INC.**

Principal Place of Business

Mailing Address

**% HENRY HAGANS
1950 W 25TH ST
JACKSONVILLE FL 32209****% HENRY HAGANS
1950 W 25TH ST
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/21/1985**02/09/1994**

4. FEI Number

59-2385429

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26 Suite, Apt. #, etc.****22 City & State****27 City & State****23 Zip****25 Country****28 Zip****30 Country**

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 601(c)(3)
Tax Exempt Status☐**\$68.75 Supplemental
Fee Not Required**8. 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

**HAGANS, HENRY
1950 W. 25TH STREET
JACKSONVILLE FL 32209**

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME HAGANS, HENRY
STREET ADDRESS 1950 W. 25TH STREET
CITY-ST-ZIP JACKSONVILLE FL****TITLE VD
NAME DRYE, ALPHONSO
STREET ADDRESS 3530 GLADYS STREET
CITY-ST-ZIP JACKSONVILLE FL****TITLE STD
NAME MERRIWEATHER, HOWARD
STREET ADDRESS 1821 W. 30TH STREET
CITY-ST-ZIP JACKSONVILLE FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

2-17-95

Date

768-5831

Telephone #