


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12197 (2)**
1. Corporation Name
THE JACKSONVILLE WESTSIDE CONGREGATION OF JEHOVAH'S WITNESSES INC.

Principal Place of Business % HENRY HAGANS 1950 W 25TH ST JACKSONVILLE FL 32209	Mailing Address % HENRY HAGANS 1950 W 25TH ST JACKSONVILLE FL 32209
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1985	3a. Date of Last Report 03/09/1995
21		26		4. FEI Number 59-2385429	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent HAGANS, HENRY 1950 W. 25TH STREET JACKSONVILLE FL 32209				10. Name and Address of New Registered Agent	
				81 Name Drye, Alphonso	
				82 Street Address (P.O. Box Number is Not Acceptable) 3530 Gladys St	
				83	
				84 City Jacksonville	85 Zip Code FL 32209

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 **Alphonso Drye (VD)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/19/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGANS, HENRY			1.2 NAME	Derrick Key		
STREET ADDRESS	1950 W. 25TH STREET			1.3 STREET ADDRESS	4527 Fairview St		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville FL 32206		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRYE, ALPHONSO			2.2 NAME			
STREET ADDRESS	3530 GLADYS STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRIWEATHER, HOWARD			3.2 NAME	Arthur Crawford		
STREET ADDRESS	1921 W. 30TH STREET			3.3 STREET ADDRESS	2934 Blossom Ridge Rd		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Jacksonville, FL 32218		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **Derrick Key**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/6/96**

DAYTIME PHONE # **904-682-7872**

CR2E037 (3/96)