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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12197 (2)

1. Corporation Name

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

REINSTATEMENT

97-98
A. Allen
3/9/98



Principal Place of Business

Mailing Address

% HENRY HAGANS
1950 W 25TH ST
JACKSONVILLE FL 32209

% HENRY HAGANS
1950 W 25TH ST
JACKSONVILLE FL 32209-4139

3. Date Incorporated or Qualified
11/21/1985

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Alphonso Drye

26 Alphonso Drye

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7021 New Kings Rd

27 3530 Gladys St

City & State

City & State

23 Jacksonville FL

28 Jacksonville FL

Zip

Zip

24 32212

29 32209

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRYE, ALPHONSO
3530 GLADYS ST.
JACKSONVILLE FL 32209-0723

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 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

Signature typed or printed name of registered agent and last if applicable

(NOTE: Registered Agent signature required when reinstating)

2/1/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEY, DERRICK
STREET ADDRESS 4527 FAIRVIEW ST.
CITY-ST-ZIP JACKSONVILLE FL 32206

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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TITLE VD
NAME DRYE, ALPHONSO
STREET ADDRESS 3530 GLADYS STREET
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME CRAWFORD, ARTHUR
STREET ADDRESS 2934 BLOSSOM RIDGE RD.
CITY-ST-ZIP JACKSONVILLE FL 32218

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)