

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16914** (6)

1. Corporation Name
ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, IN C.



Principal Place of Business: **9358 FT. CAROLINE ROAD C/O R. E. WILSON JACKSONVILLE FL 32211 US**
Mailing Address: **9934 FEATHERS COURT C/O LARRY R. GOODWIN JACKSONVILLE FL 32246 US**

3. Date Incorporated or Qualified: **09/22/1986**
3a. Date of Last Report: **08/11/1995**

2. Principal Place of Business: **21 9358 FT. CAROLINE ROAD**
2a. Mailing Address: **26 9934 FEATHERS COURT**
Suite, Apt. #, etc.: **22 % KENNETH POWERS**
City & State: **23 JACKSONVILLE, FLORIDA**
Zip: **24 32246** Country: **25 US**

4. FEI Number: **59-6611295**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HARRY THOMAS
2124 AZTEL DRIVE W
224 AZTEL DRIVE W
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent
81 Name: **ROBERT E. WILSON**
82 Street Address (P.O. Box Number is Not Acceptable): **2468 CORTEZ RD**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32246**

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: *Robert E. Wilson* **ROBERT E. WILSON** DATE: **3-11-96**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | WILSON, ROBERT E |
| STREET ADDRESS | 2468 CORTEZ ROAD |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | THOMAS, HARRY |
| STREET ADDRESS | 2124 AZTEC DRIVE W |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HOWARD, EDWARD E J |
| STREET ADDRESS | 243 AQUARIUS CIRCLE W |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | RANDOLPH JAMES |
| STREET ADDRESS | 949 ARIES ROAD W |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HICKS, LARRY |
| STREET ADDRESS | 2050 E FORREST GATE DRIVE |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | POWERS, KENNETH |
| STREET ADDRESS | 9934 FEATHERS COURT |
| CITY-ST-ZIP | JACKSONVILLE FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | TERRANCE L. ROBINSON |
| 13 STREET ADDRESS | 3121 UNIVERSITY BLVD # 38 |
| 14 CITY-ST-ZIP | JACKSONVILLE, FL 32277 |
| 21 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | COLIN W. DUKE |
| 23 STREET ADDRESS | 10764 BAHIA DR |
| 24 CITY-ST-ZIP | JACKSONVILLE, FL 32246 |
| 31 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | JAMES T. SWEAT, JR |
| 33 STREET ADDRESS | 2351 JADESTONE CT |
| 34 CITY-ST-ZIP | JACKSONVILLE, FL 32246 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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: *Robert E. Wilson* **ROBERT E. WILSON** DATE: **3-11-96** 904 354-5414

CR2E037 (12/95)