

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

FILED

**May 29 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N16914 (6)

ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business 9358 FT. CAROLINE RD. JACKSONVILLE, FL 32225
Mailing Address 2050 E. FOREST GATE DR. C/O LARRY HICKS JACKSONVILLE, FL. 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1986** 3a. Date of Last Report **1996**
4. FEI Number **59-6611295** Applied For Not Applicable

2. Principal Place of Business **9358 FT. CAROLINE RD. C/O LARRY HICKS JACKSONVILLE, FL**
2a. Mailing Address **2050 E. FOREST GATE DR. C/O LARRY HICKS JACKSONVILLE FL.**
2b. Suite, Apt. #, etc. **C/O LARRY HICKS**
2c. City & State **JACKSONVILLE, FL**
2d. Zip **32225** 2e. Country **USA**
2f. Zip **32246** 2g. Country **USA**

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 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILSON, ROBERT E. "REMOVE"
2468 CORTEZ RD.
JACKSONVILLE, FL 32246

10. Name and Address of New Registered Agent
81 Name **LARRY HICKS**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2050 E. FOREST GATE DR.**
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 *Larry Hicks* DATE **5/21/97**

12. OFFICERS AND DIRECTORS

TITLE DP	NAME HICKS, LARRY	STREET ADDRESS 2050 E. FOREST GATE DRIVE	CITY-ST-ZIP JACKSONVILLE, FL 32246
TITLE D	NAME PAWERS, KENNETH	STREET ADDRESS 9934 FEATHERS CT.	CITY-ST-ZIP JACKSONVILLE, FL 32246
TITLE D	NAME HOWARD, EDWARD E.	STREET ADDRESS 243 AQUARIUS CIRCLE W.	CITY-ST-ZIP JACKSONVILLE, FL 32216
TITLE D	NAME RANDOLPH, JAMES	STREET ADDRESS 949 ARIES RD. WEST	CITY-ST-ZIP JACKSONVILLE, FL 32216
TITLE SD	NAME ROBINSON, TERRANCE L.	STREET ADDRESS 3131 UNIVERSITY BLVD. #359	CITY-ST-ZIP JACKSONVILLE, FL 32211

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	NAME WILSON, ROBERT E.	STREET ADDRESS 2468 CORTEZ ROAD.	CITY-ST-ZIP JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE D	NAME DUKE, COLLIN	STREET ADDRESS 10764 BAHIA DR.	CITY-ST-ZIP JACKSONVILLE, FL. 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE D	NAME SWEAT, JAMES T. JR.	STREET ADDRESS 2351 JADESTONE CT.	CITY-ST-ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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***\$61.25

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.