

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16914** (6)
1. Corporation Name
ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, IN C.



Principal Place of Business 8356 FT. CAROLINE ROAD C/O LARRY HICKS JACKSONVILLE FL 32225 US	Mailing Address 2050 E. FOREST GATE DR. C/O LARRY HICKS JACKSONVILLE FL 32246 US
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3. Date Incorporated or Qualified 09/22/1986		
4. FEI Number 59-6611295	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HICKS, LARRY
2050 E. FOREST GATE DR.
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent
81. Name **RANDOLPH, JAMES E.**
82. Street Address (P.O. Box Number is Not Acceptable)
949 ARIES RD W.
83. City **JACKSONVILLE** FL 85. Zip Code **32216-8108**

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 *James E. Randolph* **JAMES E. RANDOLPH DP** **MARCH 9, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, LARRY	1.2 NAME	
STREET ADDRESS	2050 E. FOREST GATE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, TERENCE L	2.2 NAME	
STREET ADDRESS	3131 UNIVERSITY BLVD #38	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, EDWARD E J	3.2 NAME	MARSHALL, MICHAEL
STREET ADDRESS	243 AQUARIUS CIRCLE W	3.3 STREET ADDRESS	826 ARIES RD W.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH JAMES	4.2 NAME	RANDOLPH, JAMES E.
STREET ADDRESS	949 ARIES ROAD W	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	32216
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, COLLIN	5.2 NAME	
STREET ADDRESS	10764 BAHIA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, KENNETH	6.2 NAME	
STREET ADDRESS	9934 FEATHERS COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *James E. Randolph* **JAMES E. RANDOLPH** **MARCH 9, 1998** (904) 724-9900

CR2E037 (10/97)