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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90006 018 \*\*\*\*70.00

CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16914**

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

Principal Place of Business 9358 FT. CAROLINE ROAD C/O LARRY HICKS JACKSONVILLE FL 32225 US	Mailing Address 949 ARIES RD W. C/O LARRY HICKS JACKSONVILLE FL 32216-8108 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6611295
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 JAMES E. RANDOLPH 82 Street Address (P.O. Box Number is Not Acceptable) 949 ARIES RD W. 83 84 City JACKSONVILLE FL 85 Zip Code 32216-8108	
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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 FEB 11, 1999  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input 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"/> 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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Addition
NAME	MARSHALL, MICHAEL	3.2 NAME	
STREET ADDRESS	826 ARIES RD W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Addition
NAME	RANDOLPH JAMES	4.2 NAME	
STREET ADDRESS	949 ARIES ROAD W	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<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	

*PLEASE NOTE:*  
 CHANGE TO NEW AGENT REPORTED IN 1998 BUT NOT REFLECTED IN THIS REPORT.  
 BK 1. C/O LARRY HICKS INCORRECT  
 BK 9. PLEASE CHANGE TO INFO IN BLOCK 10.

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, with all other like empowered.

SIGNATURE: *James E. Randolph* SIGNATURE OF JAMES E. RANDOLPH FEB 11, 1999 (904) 724-9900  
Signature and typed or printed name of signing officer or director Date Daytime Phone #