

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 029 ****70.00

DOCUMENT # N16914

1. Entity Name

ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, IN

Principal Place of Business

Mailing Address

9358 FT. CAROLINE ROAD
 C/O LARRY HICKS
 JACKSONVILLE FL 32225
 US

949 ARIES RD W.
 C/O LARRY HICKS
 JACKSONVILLE FL 32216-8108
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2240 S. ST JOHN'S BLUFF RD

949 ARIES RD W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O JAMES E. RANDOLPH

C/O JAMES E. RANDOLPH

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

4. FEI Number

59-6611295

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32216-8108

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDOLPH, JAMES G
 949 ARIES RD. W.
 JACKSONVILLE FL 32216-8106

Name
 RANDOLPH JAMES E.

Street Address (P.O. Box Number is Not Acceptable)

949 ARIES RD. W.

City
 JACKSONVILLE

FL

Zip Code
 32216-8108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

James E. Randolph

JAN 31 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME D
 HICKS, LARRY
 STREET ADDRESS 2050 E. FOREST GATE DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 ROBINSON, TERENCE L
 STREET ADDRESS 3131 UNIVERSITY BLVD #38
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME SD
 ROBINSON, TERENCE L.
 STREET ADDRESS 940 DUSKIN DR
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE Delete
 NAME D
 MARSHALL, MICHAEL
 STREET ADDRESS 826 ARIES RD W.
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DP
 RANDOLPH JAMES
 STREET ADDRESS 949 ARIES ROAD W
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE Change Addition
 NAME DP
 RANDOLPH JAMES E.
 STREET ADDRESS 949 ARIES RD W
 CITY-ST-ZIP JACKSONVILLE FL 32216-8108

TITLE Delete
 NAME D
 DUKE, COLLIN
 STREET ADDRESS 10764 BAHIA DR.
 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 POWERS, KENNETH
 STREET ADDRESS 9934 FEATHERS COURT
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME D
 POWERS, KENNETH
 STREET ADDRESS 9934 FEATHERS COURT
 CITY-ST-ZIP JACKSONVILLE FL 32246

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Randolph
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 31, 2000 (904) 724-9900

CR2E037 (9/99)