

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90083 014 \*\*\*\*61.25

**DOCUMENT # N16914**

1. Entity Name

**ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, IN**

Principal Place of Business

2240 S ST JOHNS BLUFF RD  
 C/O JANET E RANDOLPH  
 JACKSONVILLE FL 32246  
 US

Mailing Address

949 ARIES RD W.  
 C/O JAMES E RANDOLPH  
 JACKSONVILLE FL 32216-8108  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Kingdom Hall of Jehovah's Witnesses*

Suite, Apt. #, etc.  
*2240 S. St John's Bluff Rd*

3. Mailing Address

Suite, Apt. #, etc.

City & State  
*Jacksonville Florida*

City & State

4. FEI Number **59-6611295**

Applied For  
 Not Applicable

Zip *32246* Country *USA*

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *RANDOLPH, JAMES E.*  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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* *James E. Randolph* *FEB 16, 2001*  
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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HICKS, LARRY</b>	
STREET ADDRESS	<b>2050 E. FOREST GATE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, TERENCE L</b>	
STREET ADDRESS	<b>940 DUSKIN DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, MICHAEL</b>	
STREET ADDRESS	<b>826 ARIES RD W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>RANDOLPH JAMES</b>	
STREET ADDRESS	<b>949 ARIES ROAD W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUKE, COLLIN</b>	
STREET ADDRESS	<b>10764 BAHIA DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POWERS, KENNETH</b>	
STREET ADDRESS	<b>9934 FEATHERS COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* *FEB 16, 2001* *(904) 724-9900*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)