


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16914</b>	
1. Entity Name ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, INC.	

Principal Place of Business KINGDOM HALL OF JEHOVAH'S WITNESS 2240 S. ST. JOHN'S BLUFF ROAD JACKSONVILLE FL 32246 US	Mailing Address 949 ARIES RD W. C/O JAMES E RANDOLPH JACKSONVILLE FL 32216-8108 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-6611295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  RANDOLPH, JAMES G 949 ARIES RD. W. JACKSONVILLE FL 32216-8106	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME HICKS, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS 2050 E. FOREST GATE DRIVE CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE NAME ROBINSON, TERRENCE L	<input type="checkbox"/> Delete
STREET ADDRESS 940 DUSKIN DR CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE NAME MARSHALL, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 826 ARIES RD W. CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE NAME RANDOLPH JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 949 ARIES ROAD W CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE NAME DUKE, COLLIN	<input type="checkbox"/> Delete
STREET ADDRESS 10764 BAHIA DR. CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE NAME PITTMAN, WILLIAM T	<input type="checkbox"/> Delete
STREET ADDRESS 2027 LUANA DR CITY-ST-ZIP JACKSONVILLE FL 32246	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 000000058162 02/20/04-80018-017 61.25	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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 James G. RANDOLPH* 2/17/04 (904) 724-9506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #