2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90170 040 ****61.25

DOCUMENT # N16914

1. Entity Name
ATLANTIC CONGREGATION OF JEHOVAH'S WITNESSES, INC.

40049611

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

02042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6611295 ☐ Applied For ☐ Not Applicable

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 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKS, LARRY 2050 E. FOREST GATE DRIVE JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBINSON, TERRENCE L 940 DUSKIN DR JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREASTER, REGINALD 2301 MINDANAO DR JACKSONVILLE, FL 32216	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GRAHAM, JR., FRANKLIN 2534 BREMEN COURT JACKSONVILLE, FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RANDOLPH JAMES 949 ARIES ROAD W JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUKE, COLLIN 10764 BAHIA DR. JACKSONVILLE, FL 32246	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAMROG, PETER 4622 REED BARK LANE JACKSONVILLE, FL 32246	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTMAN, WILLIAM T 2027 LUANA DR JACKSONVILLE, FL 32246	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROSAS, ROBERT 4622 REED BARK LANE JACKSONVILLE, FL 32246	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 E. RANDOLPH 4/1/07 (904) 485-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #