

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90003 009 ****61.25

DOCUMENT # N16914 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	
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		
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 _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, TERRENCE L 940 DUSKIN DR JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, FRANKLIN JR 2534 BREMEN COURT JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARYL POOLE 959 DUSKIN DRIVE JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANDOLPH JAMES 949 ARIES ROAD W JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMROG, PETER 4622 REED BARK LANE JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAS, ROBERT 4612 REED BARK LANE JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James E. Randolph</i> JAMES E. RANDOLPH		Date 6/2/08		Daytime Phone # (904) 485-5961	

ATTACHMENT

66044106

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[H](#)

2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number N16914

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

Original File Date 09/22/1986

FEI Number 59-6611295

Principal Address 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 322168108 US

Registered Agent JAMES G RANDOLPH
949 ARIES RD. W.
JACKSONVILLE, FL 322168106 US

Officer/Director Name And Address

D
LARRY HICKS
2050 E. FOREST GATE DRIVE
JACKSONVILLE, FL 32246

SD
TERRENCE L ROBINSON
940 DUSKIN DR
JACKSONVILLE, FL 32216

D
JR FRANKLIN GRAHAM
2534 BREMEN COURT
JACKSONVILLE, FL 32216

DP
RANDOLPH JAMES
949 ARIES ROAD W
JACKSONVILLE, FL 32216

D
DARYL POOLE
959 DUSKIN DRIVE
JACKSONVILLE, FL 32216

60044106

#N18914

D
PETER JAMROG
4622 REED BARK LANE
JACKSONVILLE, FL 32246

D
ROBERT ROSAS
4612 REED BARK LANE
JACKSONVILLE, FL 32246

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes