

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16914

FILED
Mar 22, 2009
Secretary of State

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

Current Principal Place of Business:

KINGDOM HALL OF JEHOVAH'S WITNESS
2240 S. ST. JOHN'S BLUFF ROAD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

949 ARIES RD W.
C/O JAMES E RANDOLPH
JACKSONVILLE, FL 322168108 US

New Mailing Address:

FEI Number: 59-6611295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RANDOLPH, JAMES E
949 ARIES RD. W.
JACKSONVILLE, FL 322168106 US

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

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HICKS, LARRY
Address: 2050 E. FOREST GATE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: ROBINSON, TERRENCE L
Address: 940 DUSKIN DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: POOLE, DARYL
Address: 959 DUSKIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: RANDOLPH JAMES
Address: 949 ARIES ROAD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: JAMROG, PETER
Address: 4622 REED BARK LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: ROSAS, ROBERT
Address: 4612 REED BARK LANE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. RANDOLPH

DP

03/22/2009

Electronic Signature of Signing Officer or Director

Date