2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36794

Apr 26, 2008 Secretary of State

Entity Name: GREEN COVE SPRINGS CONGREGATION OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business: New Principal Place of Business: 3860 STATE ROAD 16 WEST GREEN COVE SPRINGS, FL 32043 US **Current Mailing Address: New Mailing Address:** P.O. BOX 171 PENNY FARMS, FL 32079 FEI Number: 59-2840288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, MIKE 3674 THUNDER ROAD GREEN COVE SPRINGS, FL 32043 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMPBELL, MIKE Name: Name: 3674 THUNDER RD. Address: Address: City-St-Zip: GREEN COVE SPGS, FL 32043 City-St-Zip: Title: () Delete Title: () Change () Addition HARRISON, JAMES Name: Name: Address: 2906 HENLEY ROAD Address: City-St-Zip: GREEN COVE SPGS, FL 32043 City-St-Zip: Title: () Delete Title: () Change () Addition ODOM, STEPHEN Name: Name: Address: 1960 CALUSA TR Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: () Delete Title: () Change () Addition Name: THOMPSON, MARK Name: Address: 7255 C.R. 208 Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: Title: () Delete Title: (X) Change () Addition SAUCK, HANK SAUER, HANK Name: Name: 3087 BLANDING BLVD 3087 BLANDING BLVD Address: Address: MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition CARVER, DON DECKER, JERRY Name: Name: Address: 4925 PANTHER TR Address: 3748 CREEK HOLLOW LN KEYSTONE, FL 32656 MIDDLEBURG, FL 32068 City-St-Zip: 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: STEPHEN ODOM S 04/26/2008