

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36794

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

3860 STATE ROAD 16 WEST
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 171
PENNY FARMS, FL 32079

New Mailing Address:

FEI Number: 59-2840288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, MIKE
3674 THUNDER ROAD
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: CAMPBELL, MIKE
Address: 3674 THUNDER RD.
City-St-Zip: GREEN COVE SPGS, FL 32043

Title: V () Delete
Name: HARRISON, JAMES
Address: 2906 HENLEY ROAD
City-St-Zip: GREEN COVE SPGS, FL 32043

Title: S () Delete
Name: ODOM, STEPHEN
Address: 1960 CALUSA TR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: THOMPSON, MARK
Address: 7255 C.R. 208
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: SAUER, HANK
Address: 3087 BLANDING BLVD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: DECKER, JERRY
Address: 3748 CREEK HOLLOW LN
City-St-Zip: MIDDLEBURG, FL 32068

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
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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: STEPHEN ODOM

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date