


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90090 011 \*\*\*\*70.00

<b>DOCUMENT # N95000005119</b> 1. Entity Name <b>ARGYLE CONGREGATION OF JEHOVAH'S WITNESSES, INC.</b>					
Principal Place of Business <b>2001 OLD MIDDLEBURG RD JACKSONVILLE, FL 32210</b>			Mailing Address <del>6121 COLLINS ROAD</del> <del>#184</del> <del>JACKSONVILLE, FL 32244</del>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>10912 STANTON HILLS DR EAST</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>JACKSONVILLE, FL</b> Zip                      Country <b>32222-1463      USA</b>		4. FEI Number <b>59-3351931</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>LONGACRE, PHILIP T</b> <del>6121 COLLINS RD #124</del> <del>#184</del> <del>JACKSONVILLE, FL 32244</del>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>10912 STANTON HILLS DR. EAST</b>  City                      State                      Zip Code <b>JACKSONVILLE      FL      32222-1463</b>		
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 <u><i>Philip T Longacre</i></u> DATE <u>1-9-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONGACRE, PHILIP T <del>6121 COLLINS RD #184</del> <del>JACKSONVILLE, FL 32244</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10912 STANTON HILLS DR. EAST JACKSONVILLE FL 32222-1463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, MARLON 6121 COLLINS RD SUITE 124 JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASTRICH, ROBERT 9104 FORGEMAKER CT JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Philip T Longacre</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-9-08</u> Daytime Phone # <u>904-777-1493</u>		