

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005119

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2001 OLD MIDDLEBURG RD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

10912 STANTON HILLS DR. E.  
#184  
JACKSONVILLE, FL 32222

**New Mailing Address:**

10912 STANTON HILLS DR. E.  
JACKSONVILLE, FL 32222

**FEI Number:** 59-3351931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LONGACRE, PHILIP T  
10912 STANTON HILLS DR. EAST  
JACKSONVILLE, FL 32222 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: PD ( ) Delete  
Name: LONGACRE, PHILIP T  
Address: 10912 STANTON HILLS DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VPD ( ) Delete  
Name: JACKSON, MARLON  
Address: 6121 COLLINS RD SUITE 124  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete  
Name: MASTRICH, ROBERT  
Address: 9104 FORGEMAKER CT  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COR (X) Change ( ) Addition  
Name: LONGACRE, PHILIP T  
Address: 10912 STANTON HILLS DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32222

Title: SO (X) Change ( ) Addition  
Name: JACKSON, MARLON  
Address: 6121 COLLINS RD SUITE 124  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SEC (X) Change ( ) Addition  
Name: MAJEWSKI, JAMES  
Address: 5401 BRISTOL BAY COURT  
City-St-Zip: JACKSONVILLE, FL 32244

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: PHILIP T. LONGACRE

COR

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date