

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N9600001621

1. Entity Name
THE HYDE PARK CONGREGATION OF JEHOVAH'S
WITNESSES, INC.



Principal Place of Business
2001 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210

Mailing Address
2001 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210



01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2384412
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABALOLA, FELIX A
2941 WEST 5TH STREET
JACKSONVILLE, FL 32254

**DO NOT WRITE
IN THIS SPACE**

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 *Felix A. Babalola*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-4-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VICKERS, ERNEST
STREET ADDRESS 8693 BISHOPSWOOD DR.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD
NAME FIELDS, GRANT S
STREET ADDRESS 6827 BLANCO COURT
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE STD
NAME BABALOLA, FELIX A
STREET ADDRESS 2942 WEST 5TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE
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U00000254003
03/07/05-80057-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Felix A. Babalola* **FELIX A. BABALOLA** 3-4-05 904-6837844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #