

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90035 019 ****61.25

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02112006 Chg-NP CR2E037 (11/05)

DOCUMENT # N96000001621					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2384412	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BABALOLA, FELIX A 2941 WEST 5TH STREET JACKSONVILLE, FL 32254			Name FELIX A. BABALOLA Street Address (P.O. Box Number is Not Acceptable) 9539 WARHAWK ROAD 9539 WARHAWK ROAD City JACKSONVILLE FL Zip Code 32221		
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>FELIX A. BABALOLA</u> <i>Felix A. Babalola</i> 2-11-2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERS, ERNEST		NAME		
STREET ADDRESS	8693 BISHOPSWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDS, GRANT S		NAME		
STREET ADDRESS	6827 BLANCO COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABALOLA, FELIX A		NAME		
STREET ADDRESS	2941 WEST 5TH STREET 9539 warhawk Rd		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32254 32221		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Felix A. Babalola</i>		2-11-2006		904-786-4410	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	