2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 10, 2004 8:00 am Secretary of State DOCUMENT # N97000003423 1. Entity Name 03-10-2004 90029 036 ****70.00 PONTE VEDRA BEACH CONGREGATION OF JEHOVAH'S WITNESSES, INC. Principal Place of Business Mailing Address 1127 16TH AVE. SOUTH JACKSONVILLE BEACH FL 32250 1127 16TH AVE. SOUTH JACKSONVILLE BEACH FL 32250 94027413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3571057 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hugel-L. RUIZ, MARCO A Street Address (P.O. Box Number is Not Acceptable) 753 MARSH COVE LANE PONTE VEDRA BEACH FL 32082 Zin Code 32082 onte Vedra 8. The above named entity submits this statement for the surpose 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 agen-SIGNATURE it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P/D TITLE Delete TITLE Change ___ Addition PENA. JONATHAN E ЗМАИ NAME 104 CANARY ISLE CT. STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH. FL 32032 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TIT) F TITLE MCCUMBER, MARK R NAME NAME 53 PONTE VEDRA BLVD. STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 City-St-7IP CITY-ST-2IP ☐ Addition TITLE TITLE ☐ Change ☐ Delete DALEY, TIMOTHY E NAME NAME 112 EVANS DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL 32250 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete Change ☐ Addition TITLE TITLE RUIZ, MARCO A 753 MARSH COVE LANE STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL 32032 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE LIZZIO. DAVID NAME NAME 124 NATURES WAY 3208Z STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL 32032 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an add

SIGNATURE:

FILED