

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16914

FILED
Feb 26, 2019
Secretary of State
7594272890CC

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

Current Principal Place of Business:

KINGDOM HALL OF JEHOVAH'S WITNESS
2240 S. ST. JOHN'S BLUFF ROAD
JACKSONVILLE, FL 32246

Current Mailing Address:

949 ARIES RD W.
C/O JAMES E RANDOLPH
JACKSONVILLE, FL 32216-8108 US

FEI Number: 59-6611295

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RANDOLPH, JAMES E
949 ARIES RD. W.
JACKSONVILLE, FL 32216-8106 US

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

Officer/Director Detail :

Title SD
Name ERWIN, DAMON
Address 7990 BAYMEADOWS ROAD EAST,
#2002
City-State-Zip: JACKSONVILLE FL 32256

Title DP
Name RANDOLPH JAMES
Address 949 ARIES ROAD W
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name RUDD, KENNETH
Address 1712 BARTRAM CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name ROBINSON, TERRENCE
Address 940 DUSKIN DR
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name HICKS, BRANDON
Address 8680 BAYMEADOWS ROAD EAST
APT 1211
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name ROSAS, ROBERT
Address 7896 MONTEREY BAY DR
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name JERRY, CARLYLES
Address 12212 DIAMOND SPRINGS DR
City-State-Zip: JACKSONVILLE FL 32246

I hereby 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 all other like empowered.

SIGNATURE: JAMES E RANDOLPH

DP

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date