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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707106** **(1)**

1. Corporation Name

SECOND CHURCH OF CHRIST, SCIENTIST, JACKSONVILLE , FLORIDA

Principal Place of Business	Mailing Address
3255 RIVERSIDE AVE. JACKSONVILLE FL 32205	3255 RIVERSIDE AVE. JACKSONVILLE FL 32205-8683

3. Date Incorporated or Qualified: 03/31/1964
3a. Date of Last Report: 08/16/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-6045894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WAYNE W 5015 RIVER POINT RD JACKSONVILLE FL 32207	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BAER, NANCY		1.2 NAME		
STREET ADDRESS	12872 N HUNT CLUB RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, LUCY		2.2 NAME		
STREET ADDRESS	1819 WILLOW BRANCH TER		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	~~D~~ C	☐ Change ☒ Addition
NAME	WALLWORK, ELLEN		3.2 NAME	NEW, LAUREL	
STREET ADDRESS	3253 COUNTRY OATS LANE		3.3 STREET ADDRESS	2470 STOCKTON DR.	
CITY-ST-ZIP	ORANGE PK FL		3.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WITTE, FANCES		4.2 NAME	CARTWRIGT, JEAN	
STREET ADDRESS	3806 PARK ST.		4.3 STREET ADDRESS	2227 TEGNER DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHADE, CARILU		5.2 NAME	STEWART, CARL	
STREET ADDRESS	5400 LA MOYA AVE.		5.3 STREET ADDRESS	4353 VENETIA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	BENSON, DAVID R		6.2 NAME	PRICE, CYNTHIA	
STREET ADDRESS	4805 QUEEN LANE		6.3 STREET ADDRESS	1018 PARK FOREST LN.	
CITY-ST-ZIP	JACKSONVILLE FL 32210		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia M. Price Jan. 20, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0004626