[redacted] UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707106

1. Entity Name

SECOND CHURCH OF CHRIST, SCIENTIST, JACKSONVILLE

FILED
01 JAN 31 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3255 RIVERSIDE AVE. JACKSONVILLE FLA 32205	3255 RIVERSIDE AVE. JACKSONVILLE FLA 32205

2001 UBR

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLF, WAYNE W 5015 RIVER POINT RD JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) 000036561300--6 -02/07/01--01071--023 *****61.25 *****61.25 City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KISTLER, JOHN S 5124 HARBOR PT CIRCLE JACKSONVILLE FL 32210 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☒ Change ☐ Addition KISTLER, JOHN S. 132 Whispering Woods Dr. Orange Park, FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEWART, CARL M 4353 VENETIA BLVD JACKSONVILLE FL 32210 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ☒ Change ☐ Addition STEWART, CARL M 4353 Venetia Blvd Jacksonville, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEW, LAUREL 2470 STOCKTON DR GREEN COVE SPRINGS FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition BETTY GRAVELEY 1492 Avondale Ave Jacksonville, FL 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENTON, LAURA 6740 EPPING FORREST N103 JACKSONVILLE FL 32213 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BENSON, DAVID D ☐ Change ☒ Addition 4805 QUEEN LANE JACKSONVILLE, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITTE, FRANCES 3806 PARK ST JACKSONVILLE FL 32205 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition WHITE, BERYL 1560 Lancaster Terr #306 Jacksonville, FL 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLWORK, ELLEN 3289 COUNTRY OAKS CT ORANGE PARK FL 32065 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition KE ALLEN, JERRY 3239 Dellwood Ave Jacksonville, FL 32205

CR2E037 (5/00)

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: [redacted] 1/6/01 904 245 7816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #