

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

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-10-2004 90021 024 ****61.25

DOCUMENT # 707106 1. Entity Name SECOND CHURCH OF CHRIST, SCIENTIST, JACKSONVILLE, FLORIDA					
Principal Place of Business 3255 RIVERSIDE AVE. JACKSONVILLE FL 32205			Mailing Address 3255 RIVERSIDE AVE. JACKSONVILLE FL 32205		
2. Principal Place of Business, Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-6045894	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOLF, WAYNE A 5015 RIVER POINT RD JACKSONVILLE FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	WOLF, WAYNE A 5015 RIVER POINT RD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correct	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLF, PATTY 5015 RIVER POINT RD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correct	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KISTLER, KAREN A 132 WHISPERING WOODS DR ORANGE PARK FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correct	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENSON, DAVID 4805 QUEEN LANE JACKSONVILLE FL 32210	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Darryl Hodges 136 Fredia Dr. Green Oaks Springs, FL 32042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW, LAUREL 2470 STOCKTON ST GREEN COVE SPRINGS FL 32043	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Penny Gravelley 1492 Plover Rd Jacksonville FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DERMOND, ERIN 1999 RIVER RD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correct	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-05-04 964-731-0211 Date Daytime Phone #		

66403863



MOORE CR2E037 (11/03)