# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 12, 2008 8:00 am**
**Secretary of State**
02-12-2008 90021 009 ****61.25

DOCUMENT # 707106

1. Entity Name

SECOND CHURCH OF CHRIST, SCIENTIST, JACKSONVILLE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3255 RIVERSIDE AVE.<br>JACKSONVILLE FL 32205 | 3255 RIVERSIDE AVE.<br>JACKSONVILLE FL 32205 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 A~~ CARL M. STEWART<br>~~5016 RIVER POINT RD~~ 4353 VENETIA BLVD.<br>~~JACKSONVILLE FL 32207~~ JACKSONVILLE, FL 32210 | Name CARL M. STEWART<br>Street Address (P.O. Box Number is Not Acceptable) 4353 Venetia Blvd<br>City Jacksonville FL Zip Code 32210 |

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.

SIGNATURE _____ DATE

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

**FILE NOW: FEE IS $61.25 Due By May 1, 2008**

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 | T<br>STEWART, CARL M<br>4353 VENETIA BL.<br>JACKSONVILLE FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALLWORK, ELLEN<br>1516 PLAINFIELD AVE<br>ORANGE PARK FL 32073 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>DAVID BENSON<br>4505 QUEEN LN<br>JACKSONVILLE, FL 32210 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOHMAN, WILLIAM<br>4832 BRIERWOOD RD. SOUTH<br>JACKSONVILLE FL 32257 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>CHERIE BRENNAN<br>745 CHERRY GROVE RD<br>ORANGE PARK, FL 32073 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HODGES, MARY<br>736 FREDRIC DR<br>GREEN COVE SPRINGS FL 32043 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>CAROL HAMILTON<br>8155 MADEIRA DR.<br>JACKSONVILLE, FL 32217 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRAVELEY, BETTY<br>1492N AVONDALE AVE<br>JACKSONVILLE FL 32208 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DERMOND, ERIN<br>1999 RIVER RD<br>JACKSONVILLE FL 32207 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Carl M. Stewart 2/3/08 904-354-9000 Ext 231

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED