

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741787** (6)

1. Corporation Name

**ARIEL CHURCH, OF THE FOURTH WAY, INC.**



Principal Place of Business <b>5226 ATLANTIC BLVD JACKSONVILLE FL 32247-5308</b>	Mailing Address <b>PO BOX 5308 JACKSONVILLE FL 32707-5308</b>
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3. Date Incorporated or Qualified

**02/19/1978**

4. FEI Number

**59-1885980**

Applied For  
Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent <b>KERSTETTER, DOROTHEA 5226 ATLANTIC BLVD JACKSONVILLE FL 32247-5308</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P/TR</b> <input type="checkbox"/> DELETE
NAME	<b>KERSTETTER, DOROTHEA</b>
STREET ADDRESS	<b>5226 ATLANTIC BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>T/TR</b> <input type="checkbox"/> DELETE
NAME	<b>HUGHES, NANCY</b>
STREET ADDRESS	<b>4728 BEDFORD RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>V/TR</b> <input type="checkbox"/> DELETE
NAME	<b>ZOOK, CHARLES</b>
STREET ADDRESS	<b>3208 BARKLEY RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>
TITLE	<b>V/TR</b> <input type="checkbox"/> DELETE
NAME	<b>ZOOK, MELISSA</b>
STREET ADDRESS	<b>3208 BARKLEY RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S/TR</b> <input type="checkbox"/> DELETE
NAME	<b>WHITEFORD, TERESA</b>
STREET ADDRESS	<b>6888 HOWALT DR.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Nancy R. Hughes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-298

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (5/98)