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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741787

1. Corporation Name

ARIEL CHURCH, OF THE FOURTH WAY, INC.

Principal Place of Business

5226 ATLANTIC BLVD
JACKSONVILLE FL 32247-5308

Mailing Address

PO BOX 5388
JACKSONVILLE FL 32207-5888



2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 5226 Atlantic Blvd.

3. Date Incorporated or Qualified

02/19/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1885980

Applied For

Not Applicable

22 NA

27 NA

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 Same as above

28 Jacksonville FL

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 32207-2406

25 USA

29 32207

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERSTETTER, DOROTHEA
5226 ATLANTIC BLVD
JACKSONVILLE FL 32247-5308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code 32207

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 Dorothea Kerstetter, President
Signature, typed or printed name of registered agent and title if applicable.

Dorothea Kerstetter, President 03/11/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/TR ☐ DELETE
NAME KERSTETTER, DOROTHEA
STREET ADDRESS 5226 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
Correction: DOROTHEA

TITLE T/TR ☒ DELETE
NAME HUGHES, NANCY
STREET ADDRESS 4728 BEDFORD RD
CITY-ST-ZIP JACKSONVILLE FL 32207

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition
T/TR
JACKSON, JANET
2600 Trollie Lane, #10
Jacksonville FL 32211

TITLE V/TR ☒ DELETE
NAME ZOOK, CHARLES
STREET ADDRESS 3208 BARKLEY RD
CITY-ST-ZIP JACKSONVILLE FL 32246

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition
V/TR
CAMPBELL, MYRA LEE
1519 South Orlando Circle
Jacksonville FL 32207

TITLE V/TR ☐ DELETE
NAME ZOOK, MELISSA
STREET ADDRESS 3208 BARKLEY RD.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition
Same
32246

TITLE S/TR ☒ DELETE
NAME WHITEFORD, TERESA
STREET ADDRESS 6888 HOWALT DR.
CITY-ST-ZIP JACKSONVILLE FL 32207

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition
S/TR
KRUTZ, MARGARET L.
11712 Sail Avenue
Jacksonville FL 32246

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Dorothea Kerstetter, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99

744-0005

Date

Daytime Phone #

CR2E037 (1/198)