

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741787

1. Entity Name

ARIEL CHURCH, OF THE FOURTH WAY, INC.

Principal Place of Business

5226 ATLANTIC BLVD
JACKSONVILLE FL 32307

Mailing Address

5226 ATLANTIC BLVD
JACKSONVILLE FL 32307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1885980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZOOK, CHARLES
5226 ATLANTIC BLVD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
SHAROLYN "IRIS" FANTON
Street Address (P.O. Box Number is Not Acceptable)
5226 ATLANTIC BLVD # 286
City JACKSONVILLE FL Zip Code 32207-2406

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 SHAROLYN "IRIS" FANTON Sharolyn Iris Fanton 1-5-2001
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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR ZOOK, CHARLES 5226 ATLANTIC BLVD JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/TR MURPHY, LARRY G 9330 ARBOLITA WAY JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/TR MEYDER, CAROL 451 MONUMENT RD APT 1204 JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/TR ZOOK, MELISSA 3208 BARKLEY RD. JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR KRUTZ, MARGARET L 11712 SAIL AVE JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OF BOARD OF TRUSTEES CAROLYN "GINGHER" SHANKS 5201 ATLANTIC BLVD. #286 JACKSONVILLE, FL 32207-2482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARIEL DEAN SHAROLYN "IRIS" FANTON 5226 ATLANTIC BLVD JACKSONVILLE, FL 32207-2406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE COUNCIL DOROTHEA "THEA" KERSTETTER JACKSONVILLE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SHAROLYN "IRIS" FANTON SHAROLYN IRIS FANTON 1-5-01 904-396-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90149 001 ****61.25
02-02-2001 90149 002 *****8.75

24411



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)