

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

25 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO8958** (3)

1. Corporation Name

FOURTH CHURCH OF CHRIST SCIENTIST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8327 BEACH BOULEVARD JACKSONVILLE FL 32216**
Mailing Address: **8327 BEACH BOULEVARD JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified: **04/29/1985**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **NOT APPLICABLE**
Applied For: Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GILLILAND, LINDA M
1518 SAMONTEE RD
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name: **JONES, JEAN E.**
82. Street Address (P.O. Box Number is Not Acceptable): **5627 ATLANTIC BLVD**
83. **SUITE 8**
84. City: **JACKSONVILLE, FL** 85. Zip Code: **32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **JEAN E. JONES, CLERK** *Jean E. Jones* **5-11-95**
Signature, typed or printed name of registered agent and title if applicable: _____ Date: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE: **D**
1.2 NAME: **POINDEXTER, CAROLE**
1.3 STREET ADDRESS: **1149 MORVENWOOD ROAD JACKSONVILLE FL**
1.4 CITY - ST - ZIP:

2.1 TITLE: **CD**
2.2 NAME: **WILLIAMS, JOHN V**
2.3 STREET ADDRESS: **7818 LAS CANA CT JACKSONVILLE FL**
2.4 CITY - ST - ZIP:

3.1 TITLE: **T**
3.2 NAME: **MIDDLETON, JEANNE L.**
3.3 STREET ADDRESS: **5403 FERN CREEK DR N. JACKSONVILLE FL**
3.4 CITY - ST - ZIP:

4.1 TITLE: **D**
4.2 NAME: **BARTLEY, RICHARD**
4.3 STREET ADDRESS: **794 PARKRIDGE CIRCLE W JACKSONVILLE FL**
4.4 CITY - ST - ZIP:

5.1 TITLE: **D**
5.2 NAME: **RUSSELL, EVA**
5.3 STREET ADDRESS: **1451 LIVE OAK LANE JACKSONVILLE FL**
5.4 CITY - ST - ZIP:

6.1 TITLE: **D**
6.2 NAME: **JAN WINTERS**
6.3 STREET ADDRESS: **4334 KELNEPA DRIVE JACKSONVILLE FL**
6.4 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **D** Change Addition
1.2 NAME: **JOHN W RANGES**
1.3 STREET ADDRESS: **4059 BIG HOLLOW LANE JACKSONVILLE, FL, 32211**
1.4 CITY - ST - ZIP:

2.1 TITLE: **D** Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

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

4.1 TITLE: **CD** Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

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

6.1 TITLE: Change Addition
6.2 NAME: **ELIZABETH BRODHEAD**
6.3 STREET ADDRESS: **3536 CANYON DRIVE JACKSONVILLE, FL 32207**
6.4 CITY - ST - ZIP:

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the filing.

SIGNATURE: *Richard E. Smith* **4/28/95 (904) 928-4568**
Signature, typed or printed name of signing officer or director: _____ Date: _____

RICHARD BARTLEY, CHAIRMAN