## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N08958 DOCUMENT #

(3)

FOURTH CHURCH OF CHRIST SCIENTIST, INC.						
Principal Place of	of Business	Mailing Address			1811 Mille Milber Miller Affil Alface Miller ibn	
8327 BEACH E		8327 BEACH BOULEVAR JACKSONVILLE FL 3221				
				3. Date Incorporated or Qualified 04/29/1985	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicat	
Suite, Apt. #	etc	Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apr. W, Sic.		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζıρ	Country	Zıp	Country	8. This corporation has liability for i		
4	25	29	30	Florida Statutes L  10. Name and Address of New R	Yes No No epistered Agent	
	9. Name and Address of Current	Hegistereo Agent	81 Name			
IONICO	LIFAN E		20.	NES, VEAN E	le)	
	JONES, HEAN E 5677 ATLANTIC BLVD			81 Name JUNES, TEAN E 82 Street Address (P.O. Box Number is Not Acceptable) \$627 ATLANTIC DLUD		
STE 8	LANTIO DEVO			E8		
	JACKSONVILLE FL 32207				85 Zip Code	
			84 City TAC	KSONVILLE 1	FL    32207	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpoard of directors. I hereby accept the app	pose of changing its registered of ointment as registered agent. I am	
or registeri familiar wit	ed agent, or both, in the State of Fioric h, and accept the obligations of Secti	en 617.0503, Florida Statutes	ad by the corporation a bo	poration submits this statement for the pur oard of directors. I hereby accept the app	11 20-86	
SIGNATURE	Clean E.	Jones 1 (	Dengle. TE: Brogstered Agent signature requ		4-29-96	
12.	Signature field or printed name of registereti agent OFFICERS AND		13.	ADD:TIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TIFLE		Change Addition	
NAME	RANGES, JOHN W	_	1.2 NAME			
STREET ADDRESS	4059 BIG HOLLOW LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	WILLIAMS, JOHN V		2 2 NAME			
STREET ADDRESS	7818 LAS CANA CT		2 3 STREET ADDRESS			
CITY-ST-2IP	JACKSONVILLE FL	<b>EM</b> CLUTE	2 4 CITY-ST-ZIP	TREASURER	Cnange Additi	
TITLE	T CONTRACTOR CONTRACTOR	₩ĎELETE	3 1 TITLE 3 2 NAME	TANE A. ALVARE	Z	
NAME	MIDDLETON, JEANNE L.		A A DEOCCE ADDDCCC			
STREET ADDRESS	5403 FERN CREEK DR N. JACKSONVILLE FL		3 4 CITY-ST-ZIP	TACKSON UILLE IFL	32207	
CITY-ST-ZIP TITLE	CD CD	<b>₹</b> Ø£LETE	4.1 TITLE	TACKSONVILLE IFL	Change Additi	
NAME	BARTLEY, RICHARD	<b></b>	A 2 NAME	ALENED POWDE	XIFA	
STREET ADDRESS	THE STREET PROPERTY AND ALL THE		A O CEDELL ADODECE	11.00 Dans 11.00 M 14.00	ou ko,	
CITY-ST-ZIP	JACKSONVILLE FL		4 4 CITY - ST - ZIP	TACKSONVILLE IF	2 32201	
TITLE	D	DELETE	5.1 TITLE	•	Change Additi	
NAME	RUSSELL, EVA		5 2 NAME			
STREET ADDRESS	1451 LIVE OAK LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	E ori tit	5.4 CITY - ST - ZIP		Change Addit	
TITLE	D PROPUEAD FUZABETU	DELETE	61 TITLE			
NAME	BRODHEAD, ELIZABETH		6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS	3536 CARYLON DRIVE JACKSONVILLE FL		6.3 STREET ADDRESS 6.4 CHY-ST-ZIP			
CITY-ST-ZIP		with this filing is voluntarily fun	-i-b-el end done not ough	ify for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I furthe	
certify that		ual report or supplemental and pration or the receiver or truste	nual report is true and act se empowered to execute	curate and that my signature shall have the this report as required by Chapter 617, F		

SIGNATURE:

4-29-96 (904)725-9494