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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08958 (3)
 1. Corporation Name
FOURTH CHURCH OF CHRIST SCIENTIST, INC.



Principal Place of Business 8327 BEACH BOULEVARD JACKSONVILLE FL 32216	Mailing Address 8327 BEACH BOULEVARD JACKSONVILLE FL 32216
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3. Date Incorporated or Qualified 04/29/1985	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
**JONES, JEAN E.
5627 ATLANTIC BLVD SUITE 8
STE 8
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
 81 Name **KELLY R. MOOREFIELD**
 82 Street Address (P.O. Box Number is Not Acceptable)
3501 TOWNSEND BLVD. #165
 83
 84 City **JACKSONVILLE** FL 85 Zip Code **32277**

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 *Kelly R. Moorefield* DATE **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RANGES, JOHN W	
STREET ADDRESS	4059 BIG HOLLOW LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REVELS, JEANNE	
STREET ADDRESS	4411 CHARTER POINT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	Y	<input type="checkbox"/> DELETE
NAME	ALVAREZ, JANE A	
STREET ADDRESS	4720 MARGATE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POINDEXTER, ALFRED	
STREET ADDRESS	1149 MOREWOOD RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, EVA	
STREET ADDRESS	1451 LIVE OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRODHEAD, ELIZABETH	
STREET ADDRESS	3536 CARYLON DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUANE GILLILAND	
1.3 STREET ADDRESS	1518 SAMONTEE ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
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	D	
6.3 STREET ADDRESS	BARBARA RANGES	
6.4 CITY-ST-ZIP	4059 BIG HOLLOW LANE JAX., FL 32277	

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: *Jeanne Revels* **JEANNE REVELS** DATE **4/20/98** (904) **744-8784**

CFR2037 (10/97)