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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N08958**

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



2. Principal Place of Business		a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Func. Contribution <input type="checkbox"/>	
Country		Country		Applied For	
25		29		30	
26		27		28	
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86		87		88	
89		90		91	
92		93		94	
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98		99		100	

9. Name and Address of Current Registered Agent  
**MOOREFIELD, KELLY R**  
**3501 TOWNSEND BLVD**  
**165**  
**JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent  
 81 Name **DUANE L. GILLILAND**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1518 SAMONTEE ROAD**  
 83  
 84 City **JACKSONVILLE** FL 85 Zip Code **32211**

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 *Duane L. Gilliland* DATE **01/05/99**

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GILLILAND, DUANE
STREET ADDRESS	1518 SAMONTEE RD
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	D <input type="checkbox"/> DELETE
NAME	REVELS, JEANNE
STREET ADDRESS	4411 CHARTER POINT BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ALVAREZ, JANE A
STREET ADDRESS	4720 MARGATE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" 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 type="checkbox"/> DELETE
NAME	RANGES, BARBARA
STREET ADDRESS	4059 BIG HOLLOW LANE
CITY-ST-ZIP	JACKSONVILLE FL 32277

13. ADDITION 3/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BYRD, Connie
1.3 STREET ADDRESS	1354 Woodward Ave.
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chellus, Kerstin
4.3 STREET ADDRESS	1350 Deerwood Club Rd
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Duane L. Gilliland* CLERK 4-21-99 714-6704

CR2E037 (11/98)