

3/20/01

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90039 046 \*\*\*\*61.25

DOCUMENT # N08958

1. Entity Name

FOURTH CHURCH OF CHRIST SCIENTIST, INC.

Principal Place of Business

Mailing Address

8327 BEACH BOULEVARD  
JACKSONVILLE FL 32216

8327 BEACH BOULEVARD  
JACKSONVILLE FL 32216

36764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLILAND, LINDA M  
1518 SAMONTEE RD  
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  
NAME: GILLILAND, DUANE  
STREET ADDRESS: 1518 SAMONTEE RD  
CITY-ST-ZIP: JACKSONVILLE FL 32211  
 Delete

TITLE: CD  
NAME: Williams, John V.R.  
STREET ADDRESS: 7818 Las Canas Court  
CITY-ST-ZIP: Jacksonville, FL 32256  
 Change  Addition

TITLE: CD  
NAME: CHELIUS, KERSTIN  
STREET ADDRESS: 1350 DEERWOOD CLUB RD  
CITY-ST-ZIP: JACKSONVILLE FL 32258  
 Delete

TITLE: D  
NAME: Chelius, Kerstin  
STREET ADDRESS: 10350 Deerwood Club Rd.  
CITY-ST-ZIP: Jacksonville, FL 32256  
 Change  Addition

TITLE: T  
NAME: ALVAREZ, JANE A  
STREET ADDRESS: 4720 MARGATE DR  
CITY-ST-ZIP: JACKSONVILLE FL  
 Delete

TITLE: D  
NAME: Banks, A.I.O.  
STREET ADDRESS: 1216 Nightingale Court  
CITY-ST-ZIP: Jacksonville, FL 32216  
 Change  Addition

TITLE: D  
NAME: BYRD, CONNIE  
STREET ADDRESS: 1354 WOODWARD AVE  
CITY-ST-ZIP: JACKSONVILLE FL 32207  
 Delete

TITLE: D  
NAME: Jones, Jean  
STREET ADDRESS: 1427 Mapleton Rd.  
CITY-ST-ZIP: Jacksonville, FL 32207  
 Change  Addition

TITLE: D  
NAME: MOOREFIELD, KELLY  
STREET ADDRESS: 3501 TOWNSEND BLVD #165  
CITY-ST-ZIP: JACKSONVILLE FL 32277  
 Delete

TITLE: D  
NAME: Schwartz, Stanley  
STREET ADDRESS: 1957 Hickory Run East  
CITY-ST-ZIP: Orange Park, FL 32073  
 Change  Addition

TITLE: D  
NAME: RANGES, BARBARA  
STREET ADDRESS: 4059 BIG HOLLOW LANE  
CITY-ST-ZIP: JACKSONVILLE FL 32277  
 Delete

TITLE: D  
NAME: [unclear]  
STREET ADDRESS: [unclear]  
CITY-ST-ZIP: [unclear]  
 Change  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:

*Jean E. Jones* Director 4/8/01 (904) 924-4076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jean E. Jones, Director Daytime Phone #

CR2E037 (10/00)