

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90066 015 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 **CD** Delete
 NAME **WILLIAMS, JOH V R**
 STREET ADDRESS **7818 LAS CANAS COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **D** Delete
 NAME **CHELIUS, KERSTIN**
 STREET ADDRESS **10350 DEERWOOD CLUB RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** Change Addition
 NAME **Revels, Jeanne**
 STREET ADDRESS **4411 Charter Point Blvd**
 CITY-ST-ZIP **Jacksonville, FL 32277**

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

TITLE **D, T** Change Addition
 NAME **Alvarez, Jane A**
 STREET ADDRESS **4720 Margate Dr**
 CITY-ST-ZIP **Jacksonville, FL 32207**

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

TITLE **CD** Change Addition
 NAME **Jones, Jean E**
 STREET ADDRESS **1427 Mapleton Rd**
 CITY-ST-ZIP **Jacksonville, FL 32207**

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

TITLE **D** Change Addition
 NAME **Poindexter, Bernice**
 STREET ADDRESS **12507 Macaw Drive**
 CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **D** Delete
 NAME **BANKS, AL O**
 STREET ADDRESS **1216 NIGHTINGALE COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **Clerk** Change Addition
 NAME **Linda Gilliland**
 STREET ADDRESS **1518 Samontee Road**
 CITY-ST-ZIP **Jacksonville, FL 32211**

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:

SIGNATURE REQUIRED **Chairman** 4/24/02 (904) 399-8628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)