2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08958

FILED Jan 08, 2004 Secretary of State

Entity Name: FOURTH CHURCH OF CHRIST SCIENTIST, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	CH BOULEVAF NVILLE, FL 322					
Current Mailing Address:			New Maili	New Mailing Address:		
	CH BOULEVAF NVILLE, FL 322					
FEI Number	r: 59-1206115	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	l Address (of New Registered Agent:	
	ONNIE J ODWARN AVE NVILLE, FL 322					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registere	ed office or registered agent, or both,	
SIGNATU						
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	D () ENGLAND, BON 1109 CHERRY JACKSONVILLE	ST. #2	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TURNER, JANIO 737 PALM HAM SAINT AUGUST	MOCK CIR.	Title: Name: Address: City-St-Zip:		(X) Change()Addition EAN IE WALK LANE /ILLE, FL 32257	
Fitle: Name: Address: City-St-Zip:	DT () ALVAREZ, JANI 4720 MARGATE JACKSONVILLE	DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Γitle: Name: Address:	CD () MACDONALD, F 1060 FLORA PA JACKSONVILLE	ARK DR.	Title: Name: Address: City-St-Zip:		() Change () Addition	
City-St-Zip:		Delete	Title:		() Change () Addition	
	D () STOREY, LIND/ 7011 HOLIDAY JACKSONVILLE	A RD N.	Name: Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN SANDBERG CHAI 01/08/2004