


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90041 005 ****61.25

DOCUMENT # N08958	
1. Entity 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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03312008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1206115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, CONNIE J
 1354 WOODWARD AVE.
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHELIUS, KERSTIN	
STREET ADDRESS	7789 DEERWOOD POINTE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JEAN	
STREET ADDRESS	1427 MAPLETON RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DT	<input type="checkbox"/> Delete
NAME	POINDEXTER, CAROLE J	
STREET ADDRESS	1149 MORVENWOOD RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JUDITH	
STREET ADDRESS	7818 LAS CANAS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ELIZABETH	
STREET ADDRESS	4984 ISLAND LANE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN, WILLIAMS	
STREET ADDRESS	7818 LAS CANAS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kerstin Chelius Clark Renal 31 2008 904-7244076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #