4/8/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-08-2002 90228 029 ****61.25

DOCUMENT # N95000005566

1. Entity Name

~~GREATER JACKSONVILLE SCIENCE OF MIND CENTER, INC~~
JACKSONVILLE CHURCH OF RELIGIOUS SCIENCE, INC

Principal Place of Business	Mailing Address
1018 ALAMO ST JACKSONVILLE FL 32207	1018 ALAMO ST JACKSONVILLE FL 32207 01

29631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600159 PO Box ~~3265~~	600159 PO Box ~~3265~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE, ~~FLORIDA~~ FL	City & State JACKSONVILLE, ~~FLORIDA~~ FL
Zip 32206 ~~32205~~ Country USA	Zip 32260 ~~32256~~ Country USA

4. FEI Number 59-3349041 ☐ 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
FITZGERALD, DONNA 2211 BELOTE PLACE JACKSONVILLE FL 32207	Name NANCY FAGEN Street Address (P.O. Box Number is Not Acceptable) ISLAND HOUSE CONDO 5650 A1A SOUTH # G235 City ST. AUGUSTINE FL Zip Code 32085

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 Nancy Fagen NANCY FAGEN 3/24/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FITZGERALD, DONNA 2211 BELOTE PL JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MAY, NORMA JEAN T 2941 BRIDLEWOOD LN. JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FAULKNER, ASHLEY 9903 HOOD RD JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ZIEGLER, TED T 5151 PIRATES COVE RD JACKSONVILLE, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRI, GLORIA 516 LEEWOOD CT ORANGE PARK FL 32065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CONSTANCE KNIGHT T 1610 RAINCROW DR. JACKSONVILLE, FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Constance L. Knight CONSTANCE L. KNIGHT 3/24/02 904 287 2084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #