PAGE 1 of 3

02-15-2007 90040 024 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2. FILED N95000005566

2007 MAR 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005566

1. Entity Name
JACKSONVILLE CHURCH OF RELIGIOUS SCIENCE, INC.

Principal Place of Business	Mailing Address
POB 23321 JACKSONVILLE, FL 32241-3321 US	POB 23321 JACKSONVILLE, FL 32241-3321 US

02082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3650 A1A South	
Suite, Apt. #, etc.: 235 Island House	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State
Zip: 32080 Country: USA	Zip / Country

4. FEI Number: 59-3349041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

3. Aug Filed

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAGEN, NANCY ISLAND HOUSE CONDO 5650 A1A SOUTH #G235 ST AUGUSTINE, FL 32085	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: Nancy Fagen NANCY FAGEN 2/15/2007
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP FAGEN, NANCY 5650 A1A SOUTH, G-235 SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAY, NORMA J 2941 BRIDAL WOOD LANE JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Judith Crosby 1504 Peachtree Circle S. Jacksonville, FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLINE, CHARLES 835 BUCKEYE LANE WEST JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC DELASSUS, CYNTHIA 12916 JUPITER HILLS CIRCLE NORTH JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRE LEBLARE, JEANNE 18 MARCHESTER CT WOODBINE, GA 31569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mem Paul Richardson 14547 Phillips Hwy Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ISAACS, KATIE 14547 PHILLIPS HWY JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 3/26/07 ☐ Change ☐ Addition

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: Nancy Fagen NANCY FAGEN 2/15/07 904-431-9024
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

PAGE 3 OF 3

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005566

1. Entity Name
JACKSONVILLE CHURCH OF RELIGIOUS SCIENCE, INC.

ATTACHMENT
66005341

Principal Place of Business	Mailing Address
POB 23321 JACKSONVILLE, FL 32241-3321 US	POB 23321 JACKSONVILLE, FL 32241-3321 US

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

02082007 Chg-NP CR2E037 (12/06)

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
FAGEN, NANCY ISLAND HOUSE CONDO 5650 A1A SOUTH #G235 ST AUGUSTINE, FL 32085	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

Nancy Fagen Nancy Fagen

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 Nancy Fagen NANCY FAGEN 2/13/2007
(Required when signature required when mailing) DATE

Filing Fee is $61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP FAGEN, NANCY 5650 A1A SOUTH, G-235 SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(page 2)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAY, NORMA J 2941 BRIDAL WOOD LANE JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM Jeanne Fey 1035 Willow Court Jacksonville, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLINE, CHARLES 835 BUCKEYE LANE WEST JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC DELASSUS, CYNTHIA 12916 JUPITER HILLS CIRCLE NORTH JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRE LEBLARE, JEANNE 16 MARCHESTER CT WOODBINE, GA 31569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ISAACS, KATIE 14547 PHILLIPS HWY JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: Nancy Fagen NANCY FAGEN 2/13/2007
(SIGNATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date

ATTACHMENT

Page 3 of 3

To: .. Florida Dept of State
Divisions of Corporations

66005341

Re: N95000005566
Jacksonville Church of Religious Science

Officers and Titles

Fagen, Nancy — Pastor
5650 A1A South
Island House 235
St. Augustine, FL 32080

Cline, Charles — President
835 Buckeye Lane West
Jacksonville, FL 32259

Crosby, Judith — Vice-President
1504 Peachtree Circle S.
Jacksonville, FL 32207

deLassus, Cynthia — Secretary
12916 Jupiter Hills Circle North
Jacksonville, FL 32225

Richardson, Paul — Member-at-Large
14547 Phillips Hwy
Jacksonville, FL 32256

Issacs, Katie — Member-at-Large
14547 Phillips Hwy
Jacksonville, FL 32256

Fey, Jeanne — Member-at Large
1032 Willow Cove Court E.
Jacksonville, FL 32233

Please confirm filing - Thanks - N Fagen