

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005566

FILED
Feb 28, 2008
Secretary of State

Entity Name: JACKSONVILLE CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business:

5650 A1A SOUTH
STE 235 ISLAND HOUSE
ST AUGUSTINE, FL 32085 US

New Principal Place of Business:

5650 A1A SOUTH
STE 235 ISLAND HOUSE
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

POB 23321
JACKSONVILLE, FL 322413321

New Mailing Address:

FEI Number: 59-3349041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGEN, NANCY
ISLAND HOUSE CONDO
5650 A1A SOUTH #G235
ST AUGUSTINE, FL 32085 US

Name and Address of New Registered Agent:

FAGEN, NANCY
ISLAND HOUSE CONDO
5650 A1A SOUTH #G235
ST AUGUSTINE, FL 32080 US

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: _____

02/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: FAGEN, NANCY
Address: 5650 A1A SOUTH, G-235
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V () Delete
Name: CROSBY, JUDITH
Address: 1504 PEACHTREE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: CLINE, CHARLES
Address: 835 BUCKEYEE LANE WEST
City-St-Zip: JACKSONVILLE, FL 32259

Title: SEC () Delete
Name: DELASSUS, CYNTHIA
Address: 12916 JUPITER HILLS CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: MEM () Delete
Name: RICHARDSON, PAUL
Address: 14547 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: MEM () Delete
Name: ISAACS, KATIE
Address: 14547 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TECHENTHEN, GARY
Address: 1602 5TH AVE. NORTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: KIRK, SANDY
Address: 7437 ORTEGA HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MEM (X) Change () Addition
Name: DIXON, PAT
Address: 667 TIMBERMILL LANE
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY FAGEN

REV

02/28/2008

Electronic Signature of Signing Officer or Director

Date