2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005566

FILED Feb 19, 2009 Secretary of State

Entity Name: JACKSONVILLE CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business: New Principal Place of Business:

5650 A1A SOUTH

STE 235 ISLAND HOUSE
ST AUGUSTINE, FL 32080 US

32100 HARBOUR VISTA CIRCLE
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

POB 23321 POB 23321

JACKSONVILLE, FL 322413321 JACKSONVILLE, FL 322413321 US

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

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

FAGEN, NANCY L REV.
32100 HARBOUR VISTA CIRCLE
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

in the State of Florida.

SIGNATURE: NANCY FAGEN 02/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PP () Delete
 Title:
 REV (X) Change () Addition

 Name:
 FAGEN, NANCY
 Name:
 FAGEN, NANCY L

 Address:
 5650 A1A SOUTH, G-235
 Address:
 32100 HARBOUR VISTA CIRCLE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080
 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

Title: V () Delete Title: PRES (X) Change () Addition

 Name:
 CROSBY, JUDITH
 Name:
 DAPAAH-VAZ, JANINE

 Address:
 1504 PEACHTREE CIRCLE SOUTH
 Address:
 11541 GARRISON DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 ST. AUGUSTINE, FL 32092 US

Title: P () Delete Title: SEC (X) Change () Addition Name: TECHENTIEN, GARY Name: FOWLER, LOVELLA Address: 1602 5TH AVE. NORTH Address: 427 MONTVILLE COURT

City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32073 US

Title: SEC () Delete Title: TREA (X) Change () Addition

Name: DELASSUS, CYNTHIA Name: KIRK, SANDRA

Address: 12916 JUPITER HILLS CIRCLE NORTH Address: 7437 ORTEGA HILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32244 US

Title: TREA () Delete Title: MEM (X) Change () Addition

 Name:
 KIRK, SANDY
 Name:
 RUFF, ANDRA'

 Address:
 7437 ORTEGA HILLS DR.
 Address:
 2627 PHLOX STREET

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32209 US

Title: MEM (X) Delete Title: () Change () Addition

 Name:
 DIXON, PAT
 Name:

 Address:
 667 TIMBERMILL LANE
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32065
 City-St-Zip:

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 02/19/2009