2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N95000005566

Entity Name: JACKSONVILLE CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business:

32100 HARBOUR VISTA CIRCLE
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

POB 23321
JACKSONVILLE, FL 322413321 US

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 L REV.
32100 HARBOUR VISTA CIRCLE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FAGEN, NANCY L
Address: 32100 HARBOUR VISTA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MEM
Name: ELAINE, GINN
Address: 8192 CABIN LAKE CIRCLE #102
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MEM
Name: THOMET, SUZANNE
Address: 705 ANN STREET
City-St-Zip: ST. MARY'S, GA 31558 US

Title: TREA
Name: KIRK, SANDRA
Address: 7437 ORTEGA HILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MEM
Name: RUFF, ANDRA'
Address: 2627 PHLOX STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

I hereby 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 all other like empowered.

SIGNATURE: REV NANCY FAGEN PRES 01/06/2010

Electronic Signature of Signing Officer or Director Date