

FILE NOW: FILING FEE AFTER MAY 1 IS \$15.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:31

DOCUMENT # 741787 (6)

1. Corporation Name
ARIEL CHURCH, OF THE FOURTH WAY, INC.

Principal Place of Business Mailing Address
5226 ATLANTIC BLVD **5226 ATLANTIC BLVD**
PO BOX 5308 **PO BOX 5308**
JACKSONVILLE FL 32247-5308 **JACKSONVILLE FL 32247-5308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/19/1978 **04/25/1994**

4. FEI Number Applied For / Not Applicable
59-1885980

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KERSTETTER, DOROTHEA
5226 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSTETTER, DOROTHEA	1.2 NAME	
STREET ADDRESS	5226 ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, NANCY	2.2 NAME	
STREET ADDRESS	4728 BEDFORD RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LILIAN	3.2 NAME	
STREET ADDRESS	11073 BARBIZON CIRCLE E.	3.3 STREET ADDRESS	VT 200K CHARLES 3208 BARKLEY RD.
CITY - ST - ZIP	JACKSONVILLE FL 32258	3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKS, CAROLYN	4.2 NAME	
STREET ADDRESS	5811 ATLANTIC BLVD. #44	4.3 STREET ADDRESS	MANESS, NAOMI 6403 WBLATAN RD.
CITY - ST - ZIP	JACKSONVILLE FL 32207	4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	TT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MYRA	5.2 NAME	
STREET ADDRESS	1519 S ORLANDO CIR	5.3 STREET ADDRESS	WAGNER, WILLIAM 1199 ROMNEY ST.
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothea M. Kerstetter Dorothea M. Kerstetter 3/23/95 (904) 396-1225