

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741787

1. Corporation Name

000001838330
-05/24/96--01034--026
***61.25

ARIEL CHURCH OF THE FOURTH WAY, INC.

Principal Place of Business

Mailing Address

5226 ATLANTIC BLVD

P.O. BOX 5308

JACKSONVILLE, FL 32207-5308

JACKSONVILLE, FL 32207-5308

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1885980		3-23-95	
22 City & State		27 City & State		5. Certificate of Status Desired		Applied For	
23 Zip		28 Zip		Trust Fund Contribution		Not Applicable	
24 Country		29 Country		6. Election Campaign Financing		\$8.75 Additional Fee Required	
				Trust Fund Contribution		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

DOROTHEA KERSTETTER
5226 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dorothea M. Kerstetter 5-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/IR	1.1 TITLE	
NAME	DOROTHEA KERSTETTER	1.2 NAME	
STREET ADDRESS	5226 ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	1.4 CITY-ST-ZIP	
TITLE	V/IR	2.1 TITLE	V/IR
NAME	NANCY HUGHES	2.2 NAME	LEE HUGHES
STREET ADDRESS	4728 BEDFORD RD.	2.3 STREET ADDRESS	4728 BEDFORD RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V/IR	3.1 TITLE	
NAME	CHARLES ZOOK	3.2 NAME	
STREET ADDRESS	3208 BARKLEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	3.4 CITY-ST-ZIP	
TITLE	S/IR	4.1 TITLE	S/IR
NAME	NAOMI MANESS	4.2 NAME	TERESA WHITEFORD
STREET ADDRESS	6403 Wesleyan Rd	4.3 STREET ADDRESS	6888 HOWALT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32217	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	T/IR	5.1 TITLE	T/IR
NAME	WILLIAM WAGNER	5.2 NAME	NANCY HUGHES
STREET ADDRESS	1199 ROMNEY ST	5.3 STREET ADDRESS	4728 BEDFORD RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE		6.1 TITLE	
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(3)(k), 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: Teresa J. Whiteford 5-16-96 904-744-2863
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)