

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
JACKSONVILLE, FL 32207-5308**

**P.O. BOX 5308
JACKSONVILLE, FL 32207-5308**

3. Date Incorporated or Qualified 2-19-78	3a. Date of Last Report 3-23-95
4. FEI Number 59-1885980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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)	FL
83	
84 City	

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/ + R	<input type="checkbox"/> DELETE
NAME	DOROTHEA KERSTETTER	
STREET ADDRESS	5226 ATLANTIC BLVD	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	
TITLE	V / TR	<input type="checkbox"/> DELETE
NAME	NANCY HUGHES	
STREET ADDRESS	4728 BEDFORD RD.	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	
TITLE	V / TR	<input type="checkbox"/> DELETE
NAME	CHARLES ZOOK	
STREET ADDRESS	3208 BARLEY RD	
CITY - ST - ZIP	JACKSONVILLE, FL 32246	
TITLE	S / TR	<input checked="" type="checkbox"/> DELETE
NAME	NAOMI MANESS	
STREET ADDRESS	6403 Wesleyan Rd	
CITY - ST - ZIP	JACKSONVILLE, FL 32217	
TITLE	T / TR	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM WAGNER	
STREET ADDRESS	1199 ROMNEY ST	
CITY - ST - ZIP	JACKSONVILLE, FL 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V / TR LEE HUGHES
2.3 STREET ADDRESS	4728 BEDFORD RD
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S / TR TERESA WHITEFORD
4.3 STREET ADDRESS	6888 HOWALT DR
4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32277
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T / TR NANCY HUGHES
5.3 STREET ADDRESS	4728 BEDFORD RD
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)