

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741787** (6)

1. Corporation Name

ARIEL CHURCH, OF THE FOURTH WAY, INC.



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

3. Date Incorporated or Qualified 02/19/1978	3a. Date of Last Report 05/23/1996
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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

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	

9. Name and Address of Current Registered Agent	
KERSTETTER, DOROTHEA 5226 ATLANTIC BLVD JACKSONVILLE FL 32247-5308	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P/TR <input type="checkbox"/> DELETE
NAME	KERSTETTER, DOROTHEA
STREET ADDRESS	5226 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	T/TR <input type="checkbox"/> DELETE
NAME	HUGHES, NANCY
STREET ADDRESS	4728 BEDFORD RD
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	V/TR <input type="checkbox"/> DELETE
NAME	ZOOK, CHARLES
STREET ADDRESS	3208 BARKLEY RD
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	V/TR <input type="checkbox"/> DELETE
NAME	HUGHS, LEE
STREET ADDRESS	4728 BEDFORD RD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	S/TR <input type="checkbox"/> DELETE
NAME	WHITEFORD, TERESA
STREET ADDRESS	6888 HOWALT DR.
CITY-ST-ZIP	JACKSONVILLE FL 32207
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Zook, melissa
4.3 STREET ADDRESS	3208 Barkley Rd.
4.4 CITY-ST-ZIP	Jacksonville, FL 32246
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nancy E. Hughes, Treasurer 1-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008816

CR2E037 (9/96)