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Mar 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741787

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

Principal Place of Business 5226 ATLANTIC BLVD JACKSONVILLE FL 32247-5398	Mailing Address PO BOX 5398 JACKSONVILLE FL 32207-5898
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2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 5226 Atlantic Blvd.	3. Date Incorporated or Qualified 02/19/1978	4. FEI Number 59-1885980
Suite, Apt. #, etc. 22 NA	Suite, Apt. #, etc. 27 NA	Applied For Not Applicable	
City & State 23 Same as above	City & State 28 Jacksonville FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32207-2406	Country 25 USA	Zip 29 32207	Country 30 USA

9. Name and Address of Current Registered Agent KERSTETTER, DOROTHEA 5226 ATLANTIC BLVD JACKSONVILLE FL 32247-5398	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 32207
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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 Kerstetter, President *Dorothea Kerstetter, President* 03/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/TR	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSTETTER, DOROTHEA _____	1.2 NAME	Correction: DOROTHEA
STREET ADDRESS	5226 ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	T/TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, NANCY	2.2 NAME	JACKSON, JANET
STREET ADDRESS	4728 BEDFORD RD	2.3 STREET ADDRESS	2600 Trollie Lane, #10
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Jacksonville FL 32211
TITLE	V/TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOOK, CHARLES	3.2 NAME	CAMPBELL, MYRA LEE
STREET ADDRESS	3208 BARKLEY RD	3.3 STREET ADDRESS	1519 South Orlando Circle
CITY-ST-ZIP	JACKSONVILLE FL 32246	3.4 CITY-ST-ZIP	Jacksonville FL 32207
TITLE	V/TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOOK, MELISSA	4.2 NAME	Same
STREET ADDRESS	3208 BARKLEY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	32246
TITLE	S/TR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEFORD, TERESA	5.2 NAME	KRUTZ, MARGARET L.
STREET ADDRESS	6888 HOWALT DR.	5.3 STREET ADDRESS	11712 Sail Avenue
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	Jacksonville FL 32246
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Dorothea Kerstetter, President *Dorothea Kerstetter, President* 03/11/99 744-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)