

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90149 001 ****61.25
 02-02-2001 90149 002 *****8.75

DOCUMENT # 741787

1. Entity Name

ARIEL CHURCH, OF THE FOURTH WAY, INC.

Principal Place of Business

**5226 ATLANTIC BLVD
 JACKSONVILLE FL 32307**

Mailing Address

**5226 ATLANTIC BLVD
 JACKSONVILLE FL 32307**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1885980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZOOK, CHARLES
 5226 ATLANTIC BLVD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **SHAROLYN "IRIS" FANTON**
 Street Address (P.O. Box Number is Not Acceptable) **5226 ATLANTIC BLVD # 286**
 City **JACKSONVILLE** FL Zip Code **32207-2406**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE SHAROLYN "IRIS" FANTON *Sharolyn Iris Fanton* 1-5-2001
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTR	<input checked="" type="checkbox"/> Delete
NAME	ZOOK, CHARLES	
STREET ADDRESS	5226 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T/TR	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, LARRY G	
STREET ADDRESS	9330 ARBOLITA WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V/TR	<input checked="" type="checkbox"/> Delete
NAME	MEYDER, CAROL	
STREET ADDRESS	451 MONUMENT RD APT 1204	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	V/TR	<input checked="" type="checkbox"/> Delete
NAME	ZOOK, MELISSA	
STREET ADDRESS	3208 BARKLEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S/TR	<input type="checkbox"/> Delete
NAME	KRUTZ, MARGARET L	
STREET ADDRESS	11712 SAIL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT OF BOARD OF TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAROLYN "GINGHER" SHANKS	
STREET ADDRESS	5201 ATLANTIC BLVD. #286	
CITY-ST-ZIP	JACKSONVILLE, FL 32207-2482	
TITLE	ARIEL DEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAROLYN "IRIS" FANTON	
STREET ADDRESS	5226 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207-2406	
TITLE	EXECUTIVE COUNCIL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHEA "THEA" KERSTETTER	
STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAROLYN "IRIS" FANTON *Sharolyn Iris Fanton* 1-5-01 904-396-1225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

24411



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)