

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08958

Entity Name: FOURTH CHURCH OF CHRIST SCIENTIST, INC.

Current Principal Place of Business:

8327 BEACH BOULEVARD
JACKSONVILLE, FL 32216

Current Mailing Address:

8327 BEACH BOULEVARD
JACKSONVILLE, FL 32216

FEI Number: 59-1206115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRD, CONNIE J
1354 WOODWARD AVE.
JACKSONVILLE, FL 32207 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name LAMKIN, LESLIE L
Address 8533 LITTLE SWIFT CIR
City-State-Zip: JACKSONVILLE FL 32256

Title CHAIRMAN
Name BARTLEY, REGAN
Address 3401 TOWNSEND BLVD.
#401
City-State-Zip: JACKSONVILLE FL 32277

Title DIRECTOR
Name LAMKIN, LESLIE
Address 8533 LITTLE SWIFT CIR
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name POINDEXTER, CAROLE
Address 1149 MORVENWOOD RD
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER/DIRECTOR
Name ROBERTSON, SARAJANE
Address 123 RIVER RUN BLVD.
City-State-Zip: PONTE VEDRA FL 32081

Title ASST. TREASURER
Name ROBERTSON, JAMES F
Address 123 RIVER RUN ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name SANDER, PAUL
Address 2426 SARAGOSSA
#401
City-State-Zip: JACKSONVILLE FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE LAMKIN

SECRETARY

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date