

2015 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 202 W COMMONS DRIVE
City-State-Zip: ST. SIMONS ISLAND GA 31522

Title DIRECTOR
Name KAUFFMAN, ROBIN
Address 2004 FIRST STREET SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D
Name BYRD, CONNIE J
Address 1354 WOODWARD AVE
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER/DIRECTOR
Name MARTIN, JEAN
Address 1518 SAMONTEE ROAD
City-State-Zip: JACKSONVILLE FL 32211

Title CHAIRMAN
Name SANDER, AVERY
Address 4154 LONDON RD
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name MARTIN, JEAN
Address 6008 CALADESI COURT
City-State-Zip: JACKSONVILLE FL 32258

Title 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

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 L LAMKIN

SECRETARY

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date