


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90082 041 ****61.25

DOCUMENT # 707106					
1. Entity Name SECOND CHURCH OF CHRIST, SCIENTIST, JACKSONVILLE, FLORIDA					
Principal Place of Business 3255 RIVERSIDE AVE. JACKSONVILLE, FL 32205			Mailing Address 3255 RIVERSIDE AVE. JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01272005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6045894	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOLF, WAYNE A 5015 RIVER POINT RD JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, WAYNE A 5015 RIVER POINT RD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, PATTY 5015 RIVER POINT RD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLEN WALLWORK 1516 PLAINFIELD AVE. ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISTLER, KAREN A 132 WHISPERING WOODS DR ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM LOHMAN 4832 BRIERWOOD RD, SOUTH JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, BARRY 736 FREDRIC DR GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, MARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVELEY, BETTY 1422 AVONDALE AVENUE JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1492 AVONDALE AVE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMOND, ERIN 1999 RIVER RD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Wayne A Wolf</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-28-05 904.722.3622 <small>Date Daytime Phone #</small>		