

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707106

FILED
Feb 24, 2007
Secretary of State

Entity Name: SECOND CHURCH OF CHRIST, SCIENTIST, JACKSONVILLE, FLORIDA

Current Principal Place of Business:

3255 RIVERSIDE AVE.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

3255 RIVERSIDE AVE.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-6045894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, WAYNE A
5015 RIVER POINT RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STEWART, CARL M
Address: 4353 VENETIA BL.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WALLWORK, ELLEN
Address: 1516 PLAINFIELD AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: LOHMAN, WILLIAM
Address: 4832 BRIERWOOD RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HODGES, MARY
Address: 736 FREDRIC DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: GRAVELEY, BETTY
Address: 1492N AVONDALE AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: DERMOND, ERIN
Address: 1999 RIVER RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARL M. STEWART

T

02/24/2007

Electronic Signature of Signing Officer or Director

Date