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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mortha[illegible]
Secretary of State
DIVISION OF CORPORA[illegible]IONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:31

DOCUMENT # **741787** **(6)**

1. Corporation Name

ARIEL CHURCH, OF THE FOURTH WAY, INC.

Principal Place of Business	Mailing Address
5226 ATLANTIC BLVD PO BOX 5308 JACKSONVILLE FL 32247-5308	5226 ATLANTIC BLVD PO BOX 5308 JACKSONVILLE FL 32247-5308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/19/1978**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-1885980** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KERSTETTER, DOROTHEA
5226 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE		☐ Change ☐ Addition
NAME	KERSTETTER, DOROTHER	12 NAME		
STREET ADDRESS	5226 ATLANTIC BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	HUGHES, NANCY	22 NAME		
STREET ADDRESS	4728 BEDFORD RD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE	VT	☑ Change ☐ Addition
NAME	WAGNER, LILIAN	32 NAME	ZOOK, CHARLES	
STREET ADDRESS	11073 BARBIZON CIRCLE E.	33 STREET ADDRESS	3208 BARKLEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	34 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	ST	41 TITLE	ST	☑ Change ☐ Addition
NAME	SHANKS, CAROLYN .	42 NAME	MANESS, NAOMI	
STREET ADDRESS	5811 ATLANTIC BLVD. #44 .	43 STREET ADDRESS	6403 WESLAYAN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	44 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	TT	51 TITLE	TT	☑ Change ☐ Addition
NAME	CAMPBELL, MYRA	52 NAME	WAGNER, WILLIAM	
STREET ADDRESS	1519 S ORLANDO CIR	53 STREET ADDRESS	1199 ROMNEY ST.	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothea M. Kerstetter Dorothea M. Kerstetter 3/23/95 (904) 396-1225
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #