

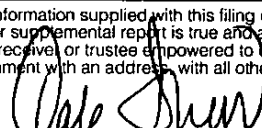


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90085 029 ***150.00

DOCUMENT # 770184					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, OF JACKSONVILLE BEACH, FLORIDA, INC.					
Principal Place of Business % WOLF & SHORT, P.A. 3733 UNIVERSITY BLVD W, #203 - JACKSONVILLE, FL 32217 US		Mailing Address % WOLF & SHORT, P.A. 1505 N SECOND ST JACKSONVILLE, FL 32250 US		 04042005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2366267 <input type="checkbox"/> Applied For 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. 3733 UNIVERSITY BLVD W, #203 JACKSONVILLE, FL 32217			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAER, STAN	NAME			
STREET ADDRESS	12872 HUNT CLUB RD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLEASON, JEAN	NAME			
STREET ADDRESS	101 SUNNINGDALE DR.	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAUGHN, BARBARA	NAME			
STREET ADDRESS	10978 INDIES DR. S.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARLTON, IAN	NAME			
STREET ADDRESS	4338 RIVER MOORINGS RD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUTZ, ALLOYD	NAME	D JANILE TURNER		
STREET ADDRESS	1768 VILLAGE CT.	STREET ADDRESS	197 PALM HAMMOCK CIRCLE		
CITY-ST-ZIP	AMELIA BEACH, FL 32034	CITY-ST-ZIP	ST. AUGUSTINE, FL 32095		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, DALE	NAME	DALE SHAW		
STREET ADDRESS	132 SEA LILY LANE	STREET ADDRESS	195 S. ROSCOE BLVD.		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082		
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: 		Date: 4/4/05		Daytime Phone #: 904.292-1611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					