2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770184

Apr 24, 2006 Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, OF JACKSONVILLE BEACH, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: % WOLF & SHORT, P.A. 3733 UNIVERSITY BLVD W, #203 JACKSONVILLE, FL 32217 **New Mailing Address: Current Mailing Address:** % WOLF & SHORT, P.A. 1505 N SECOND ST JACKSONVILLE, FL 32250 US FEI Number: 59-2366267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLF, WAYNE A 3733 ÚNIVERSITY BLVD W, #203 JACKSONVILLE, FL 32217 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TURNER, JANICE Name: Name: 737 PALM HAMMOCK CIRCLE Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32095 City-St-Zip: Title: () Delete Title: (X) Change () Addition GLEASON, JEAN Name: ALLEN, MIKE Name: Address: 101 SUNNINGDALE DR. Address: 1218 SALT CREEK LAKE DR. City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: () Change () Addition VAUGHN, BARBARA Name: Name: Address: 10978 INDIES DR. S. Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition CHARLTON, IAN Name: Name: 4338 RIVER MOORINGS RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: (X) Change () Addition LUTZ, ALLOYD Name: Name: ERB, AMY 1768 VILLAGE CT. 2156 THE WOODS DRIVE Address: Address: City-St-Zip: AMELIA BEACH, FL 32034 City-St-Zip: JACKSONVILLE, FL 32246 Title: Title: () Change () Addition () Delete SHAW, DALE Name: Name: Address: 195 S ROSCOE BLVD Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: 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: DALE SHAW T 04/24/2006