2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08958

FILED Mar 16, 2009 Secretary of State

Entity Name: FOURTH CHURCH OF CHRIST SCIENTIST, INC. **Current Principal Place of Business: New Principal Place of Business:** 8327 BEACH BOULEVARD JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 8327 BEACH BOULEVARD JACKSONVILLE, FL 32216 FEI Number: 59-1206115 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: BYRD, CONNIE J 1354 WOODWARD AVE. JACKSONVILLE, FL 32207 US 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: () Change () Addition () Delete CHELIUS, KERSTIN Name: Name: 7789 DEERWOOD POINTE CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JONES, JEAN Name: Address: 1427 MAPLETON RD Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: (X) Change () Addition POINDEXTER, CAROLE J MARTIN, JEAN J Name: Name: 6008 CALADESI COURT Address: 1149 MORVENWOOD RD Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32258 Title: () Delete Title: (X) Change () Addition WILLIAMS, JUDITH Name: Name: BENSON, PHILLIPPA Address: 7818 LAS CANAS CT Address: 750 OAK STREET #306 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32204 Title: () Delete Title: (X) Change () Addition SMITH, ELIZABETH MOSHER, BARBARA Name: Name: 4984 ISLAND LANE 1174 EAGLE BEND COURT Address: Address: FERNANDINA BEACH, FL 32034 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify 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: KERSTIN A. CHELIUS **CLER** 03/16/2009