

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99-01 UBR

DOCUMENT # 707545 (0)

1. Corporation Name  
Unitarian Universalist Church of  
Jacksonville, Inc.

2. Principal Office Address  
7405 Arlington Expressway (Same)

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

Zip Country  
32211 USA

3. Mailing Office Address  
(Same)

Suite, Apt. #, etc.

City & State

Zip Country

1999-2001 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida 07-07-1964

5. FEI Number 50-0825826  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
David C. Henderson

Street Address (P.O. Box Number is Not Acceptable)  
806 Oceanfront

Suite, Apt. #, Etc.

100004916711-6  
02/13/02 01069 005  
\*\*\*183.75 \*\*\* 83.75

City State Zip Code  
Neptune Beach FL 32266

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
David C. Henderson  
REGISTERED AGENT MUST SIGN

Date 12-28-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Afesa Adams	4543 Harbour North Ct.	Jacksonville, FL 32225
D	Sharon Henderson	806 Oceanfront	Neptune Beach, FL 32266
D	Terry Loucks	13611 McQueens Ct.	Jacksonville, FL 32225
T	David Henderson	806 Oceanfront	Neptune Beach, FL 32266

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: David C. Henderson David C. Henderson 12-28-01 (904)246-6097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)