

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11063

FILED
Nov 15, 2004
Secretary of State**Entity Name:** TRU-WAY CHURCH OF THE RISEN CHRIST, INCORPORATED**Current Principal Place of Business:**%ELWYN W. JENKINS
7155 HYDE GROVE AVE.
JACKSONVILLE, FL 32210**New Principal Place of Business:****Current Mailing Address:**2297 EDISON AVENUE
JACKSONVILLE, FL 32204**New Mailing Address:****FEI Number:** 59-2585074 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**JENKINS, ELWYN W
7155 HYDE GROVE AVE.
JACKSONVILLE, FL 32210 US**Name and Address of New Registered Agent:**

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:**Title:** PD () Delete
Name: JENKINS, ELWYN W
Address: 7155 HYDE GROVE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210**Title:** VT () Delete
Name: MOULTRIE, EUGENE
Address: 6030 MEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32211**Title:** D () Delete
Name: JENKINS, VIVIAN
Address: 7155 HYDE GROVE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210**Title:** TD () Delete
Name: WILLIAMS, JOHN
Address: 8639 HAVERHILL STREET
City-St-Zip: JACKSONVILLE, FL 32211**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELWYN W. JENKINS

PD

11/15/2004

Electronic Signature of Signing Officer or Director

Date