

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11063

FILED
Nov 29, 2007
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 ()

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: ELWYN W. JENKINS

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 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: ELWYN W. JENKINS

PD

11/29/2007

Electronic Signature of Signing Officer or Director

Date