

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # N97000002357

1. Entity Name
THE ARMS OF JESUS NEVER CLOSE, INC.



06 JUN -1 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06 RSC

Principal Place of Business
1807 MAIN STREET
JACKSONVILLE, FL 32206 US

Mailing Address
P.O. BOX 37133
MURFREESHO, TN 37133 US

2. Principal Place of Business

11333 Young Rd

Suite, Apt. #, etc.
HOUSE

City & State
Jax Fla

Zip
32218

Country
Durah

3. Mailing Address

11333 Young Rd.

Suite, Apt. #, etc.
HOUSE

City & State
Jax Fla

Zip
32218

Country
Durah

04122006 REIN-NP

CR2E099 (11/05)

4. FEI Number
59-3331293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTS, PHYLLIS D
1807 MAIN STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name
Evangelist Phyllis Pitts
Street Address (P.O. Box Number is Not Acceptable)
11291 Harts Rd.
Apt. 1007
City
Jax Fla FL Zip Code
32218

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Evangelist Phyllis Pitts*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-06
DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTT
PITTS, PHYLLIS D
2224 HILLTOP BLVD
JACKSONVILLE, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
ARMSTRONG, KAREN JANE
APPLETON DRIVE
JACKSONVILLE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PITTS, DWAYNE CURTIS
2224 HILLTOP BLVD
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTT
Pitts, Phyllis D.
11291 Harts Rd. Apt 1007
Jax Fla. 32218 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mrs. M.C. Cleaves
Therapist
11333 Young Rd.
Jax Fla. 32218 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director + Chairman
Mr. Charles Cleaves
11333 Young Rd.
Jax Fla. 32218 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evangelist Phyllis D Pitts President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06
Date

904-6960983
Daytime Phone #