

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N94000064159

1. Corporation Name

River City Christian Center, Inc.

2. Principal Office Address

570 S. Ellis Road

Suite, Apt. #, etc.

Suite 210

City & State

Jacksonville, FL

Zip

32254

Country

USA

3. Mailing Office Address

P.O. Box 37149

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1994

5. FEI Number

59-3266247

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

Wayne A. Young

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

7031 Cisco Gardens Rd. W.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32219

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

Date 12/05/2003

REGISTERED AGENT MUST SIGN

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	Young, Wayne A.	7031 Cisco Gardens Rd. W.	Jacksonville, FL 32219
TD	Brim, Darwyn S.	6963 Pottsburg Drive	Jacksonville, FL 32216
SVD	Jeffery, Daniel L.	1437 Flagler Avenue	Jacksonville, FL 32207
D	Johns, Robert	5721 Bender Court	Jacksonville, FL 32207

REINSTATEMENT 03 TS

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:

Wayne A. Young

12/05/2003 904-720-2042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)