

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005682

**Entity Name:** ARLINGTON FAMILY CHURCH, INC.

**Current Principal Place of Business:**

1601 UNIVERSITY BLVD. N.  
4183 OLD MILL COVE TR W  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

4183 OLD MILL OVE TRAIL WEST  
JACKSONVILLE, FL 32277

**FEI Number: 41-2028797**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILDER, CLINT D  
4183 OLD MILL OVE TRAIL WEST  
JACKSONVILLE, FL 32277 US

*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

**Officer/Director Detail :**

Title VP  
Name WILDER, CHERYL D  
Address 4183 OLD MILL OVE TRAIL WEST  
City-State-Zip: JACKSONVILLE FL 32277

Title PRES  
Name WILDER, CLINT D  
Address 4183 OLD MILL COVE TR W  
City-State-Zip: JACKSONVILLE FL 32277

Title TRES  
Name WILDER, CLINT D  
Address 4183 OLD MILL COVE TR W  
City-State-Zip: JACKSONVILLE FL 32277

*I hereby 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 all other like empowered.*

**SIGNATURE: CLINT D. WILDER**

**PRESIDENT**

**05/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date