

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003047

Entity Name: DAWSON CHAPEL CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**225 NORTH ORANGE STREET
ST. AUGUSTINE, FL 32084**Current Mailing Address:**225 NORTH ORANGE STREET
ST. AUGUSTINE, FL 32084 US**FEI Number: 59-3637747****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BURCH, MAE T
756 W 13TH STREET
ST. AUGUSTINE, FL 32084 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: MAE T. BURCH****05/09/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, DIRECTOR

Name MCKINNEY, MARY C

Address 11351 MANATEE DRIVE

City-State-Zip: JACKSONVILLE FL 32218

Title TRUSTEE

Name WILBUR, JOSEPH

Address 980 WEST 6TH STREET

City-State-Zip: ST. AUGUSTINE FL 32084

Title TRUSTEE, RECORDING STEWARD

Name CHASE, DIANNE

Address 817 WEST 2ND STREET

City-State-Zip: ST. AUGUSTINE FL 32084

Title STEWARD

Name PEMBLETON, LENNETTE

Address 125 MARTIN LUTHER KING AVE.

City-State-Zip: ST. AUGUSTINE FL 32084

Title TRUSTEE

Name LEWIS, SR., CURTIS

Address 994 WEST KING STREET

City-State-Zip: ST. AUGUSTINE FL 32084

Title STEWARD

Name BURCH, MAE T

Address 756 WEST 13TH STREET

City-State-Zip: ST. AUGUSTINE FL 32084

Title STEWARD, TREASURER

Name AINA-JONES, SHIRLEY

Address 980 WEST 6TH STREET

City-State-Zip: ST. AUGUSTINE FL 32084

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: SHIRLEY AINA-JONES**STEWARD****05/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date