## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 700692** 

City-St-Zip:

JACKSONVILLE, FL 32257

FILED Oct 08, 2006 Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF JACKSONVILLE,

FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 11924 SAN JOSE BLVD JACKSONVILLE, FL 32223 US **Current Mailing Address: New Mailing Address:** 11924 SAN JOSE BLVD JACKSONVILLE, FL 32223 US FEI Number: 59-0689703 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAILEY, SHARON 3270 RICKY ROAD #301 JACKSONVILLE, FL 32223 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: SHARON BAILEY Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MADIGAN, EMILY Name: Name: 4482 CAROLYN COVE LANE S Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: CURTNER, LINDA Name: Address: 4926 MANDELLYNN COURT Address: City-St-Zip: JACKSONVILLE, FL 32217 US City-St-Zip: Title: () Delete Title: () Change () Addition BAILEY, SHARON Name: Name: 3270 RICKY RD, #301 Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: BECKTROM, KRISTOPHER Name: Address: 10261 LAKE PINE RD Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: SHARON BAILEY Τ 10/08/2006