

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # 708781

1. Entity Name
ARLINGTON CHRISTIAN CHURCH, INC.



Principal Place of Business
**8075 LONE STAR ROAD
JACKSONVILLE, FL 32211**

Mailing Address
**8075 LONE STAR ROAD
JACKSONVILLE, FL 32211**



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1313399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDIFER, EMORY H
13658 SHIPWATCH DRIVE
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000778736
01/11/08-80009-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, PEGGY 1218 TOWNSEND BLVD JACKSONVILLE, FL 322116054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, ALVA M 8152 VERMANTH RD. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, CHARLES 8152 VERMANTH ROAD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, MARY JEAN 3930 GREEN HOLLOW DRIVE WEST JACKSONVILLE, FL 322772615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COX, T T 3230 GREEN HOLLOW DRIVE WEST JACKSONVILLE, FL 322772615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDIFER, EMORY H 13658 SHIPWATCH DRIVE JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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:

Emory H Sandifer

EMORY H. SANDIFER

1-7-08

(904) 220-7286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #