2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

5/1/,

FILED May 30, 2003 8:00 am Secretary of State

05-01-2003 90995 018 ****61.25

DOCUMENT # 713288 1. Entity Name ARLINGTON PRESBYTERIAN CHURCH. INC. 55044777 Principal Place of Business Mailing Address 1300 SPRINKLE DRIVE 1300 SPRINKLE DRIVE JACKSONVILLE FL 32211-5494 JACKSONVILLE FL 32211-5494 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-0816428 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_Jodi Anderson____ SIMMONS, DEEDIE Street Address (P.O. Box Number is Not Acceptable) 8133 FORT CAROLINE ROAD JACKSONVILLE FL 32277 1604 Arcadia Dr. #110 Zin Code 7 Jacksonville, 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. JodiAnderson - Clerk of Session 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change HARPER, MICHAEL Myers, Leo NAME NAME 1571 ARCADIA DRIVE STREET ADDRESS STREET ADORESS 8339 Lawfin St. S Jacksonville FL 32207 CITY-ST-ZIP Jacksonville, FL 32211 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition DANIEL AUBREY M NAME NAME 1222 GRANDVIEW DR STREET ADDRESS STREET ADDRESS Jacksonville FL 32211 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition GETSINGER-ROBERT-R-NAME _/\ NAME STREET ADDRESS 1221 SUNNYMEADE DRIVE STREET ADDRESS CITY-ST-ZIF Jacksonville FL 32211 CITY-ST-782 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T TITLE TITLE Change.

Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 inustee 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:

OFOUR Roger B. Johnson, Jr.

04/28/03

(904) 743-1211

Daytime Phone #