2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Jaņ 1<u>2, 2</u>009 **DOCUMENT#761711** Secretary of State

Entity Name: CHURCH OF THE LIVING GOD OF OUR LORD AND SAVIOR JESUS CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

1750 PROSPECT ST. E JACKSONVILLE, FL 32254

Current Mailing Address: New Mailing Address:

10279 MANORVILLE DRIVE JACKSONVILLE, FL 32221

FEI Number: 59-2142498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SIMMONS, ROOSEVELT 10279 MANORVILLE DRIVE JACKSONVILLE, FL 32221 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: JACQUELINE M. SIMMONS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

() Delete () Change () Addition

SIMMONS, ROOSEVELT, Name: Name: Address: 10279 MANORVILLE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: SIMMONS, JACQUELINE, M. Name: Address: 10279 MANORVILLE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ADAMS, LEROY SR, Name: ADAMS, LEROY SR, Name: Address: 1030 PENTON ST Address: 1030 PENTON ST City-St-Zip: JACKSONVILLE, FL 00000, City-St-Zip: JACKSONVILLE, FL 32209

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

SIGNATURE: JACQUELINE M. SIMMONS SD 01/12/2009