

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 768852

1. Entity Name
CENTRAL BAPTIST INSTITUTIONAL CHURCH, INC.



Principal Place of Business
CHURCH INC.
524 WEST THIRD STREET
JACKSONVILLE, FL 32209

Mailing Address
P.O. BOX 40784
JACKSONVILLE, FL 32203

FILED

09 APR 14 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042009 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, LATRICIA J
1831 COLBY AVE
JACKSONVILLE, FL 32218

Name
Kenneth W. Brockington
Street Address (P.O. Box Number is Not Acceptable)
2401 St. Leger Dr.

City Jacksonville FL Zip Code 32208

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

FILE NOW!!! FEE IS \$122.50

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
NAME TIMMONS, EHUE
STREET ADDRESS 2720 KING COLE DR
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☐ Delete

TITLE
NAME Johnson, Rosemary Y.
STREET ADDRESS 634 E. 1st Street
CITY-ST-ZIP Jacksonville, FL 32206 ☐ Change ☒ Addition

TITLE P
NAME BROCKINGTON, KENNETH W
STREET ADDRESS 2401 ST LEGER DR.
CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700149769907
04/14/09--01002--032 **122.50 ☐ Change ☐ Addition

TITLE D
NAME MADDRICK, BRENDA
STREET ADDRESS 1085 W 30TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officers ☒ Change ☐ Addition

TITLE D
NAME ALSTON, CATHY
STREET ADDRESS 9250 DALE VIEW LN W
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officers ☒ Change ☐ Addition

TITLE T
NAME WHIPPLE, MARY L
STREET ADDRESS 9168 9TH AVE
CITY-ST-ZIP JACKSONVILLE, FL 32208 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME SHUMAN, LEONARD JR
STREET ADDRESS 9362 ARBOR GLEN LN
CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officers ☒ Change ☐ Addition

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: Kenneth W. Brockington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/09

654 1730

Kenneth W. Brockington

4/14/09