

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007883

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA INNOVATIVE NETWORK OF CHURCHES, INC.

**Current Principal Place of Business:**

1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3685888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

BUMGARNER, BOB  
1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207      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: BOB BUMGARNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SOUTHERLAND, DAN  
Address: 1914 ASTRID COURT  
City-St-Zip: WAXHAW, NC 28173

Title: VD      ( ) Delete  
Name: SHEPPARD, LEE  
Address: 11516 BEACON DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD      ( ) Delete  
Name: BENNETT, GREGG  
Address: 1050 HWY A1A  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD      ( ) Delete  
Name: KELLUM, CECILIA  
Address: 1230 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CECILIA KELLUM

SD

10/04/2007

Electronic Signature of Signing Officer or Director

Date