2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# N02000001020

Entity Name: FIRST PRESBYTERIAN CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

118 EAST MONROE STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

118 EAST MONROE STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0637845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, ROBERT REV
118 EAST MONROE STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: ROBERT L MORRIS, JR.

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCGINNIS, JOHN
Address: 118 E MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete
Name: CHISHOLM, CAHTERINE
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: DAHLGREN, THOMAS
Address: 118 MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: HEWELL, GEORGE
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: GLOVER, ROBERT
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: HOHMANN, WILLIAM
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAHLGREN, TOM
Address: 118 E MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Change ( ) Addition
Name: WILLETT, SHARON
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change ( ) Addition
Name: JENKS, THOMAS
Address: 118 MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: TOM DAHLGREN P 10/24/2008

Electronic Signature of Signing Officer or Director — Date