

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008224

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Entity Name:** RESURRECTION BAPTIST CHURCH, CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

6046 MONCRIEF ROAD WEST  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9319  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 16-1636281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIGGINS, EUGENE MIN.  
884 BUNKER HILL BLVD.  
JACKSONVILLE, FL 32208 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: EUGENE WIGGINS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: FOREMAN, SR, GLENN F REV.  
Address: 6840 VAN GUNDY RD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Delete  
Name: WIGGINS, EUGENE MIN.  
Address: 884 BUNKER HILL BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete  
Name: FOREMAN, CHERYL SIS.  
Address: 6840 VAN BUNDY BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Delete  
Name: WILLIAMS, SHANTEL SIS.  
Address: 11413 SALT POND DR. E  
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete  
Name: PRINCE, JESSE DEA.  
Address: 3504 PERRY STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: WHITE, EDITH SIS.  
Address: 5407 ROANOKE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

**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:

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 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: SHANTEL WILLIAMS

SIS

10/11/2006

Electronic Signature of Signing Officer or Director

Date