## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000007885

FILED Jan 14, 2009 Secretary of State

Entity Name: THE MOSAIC CHURCH INC OF JACKSONVILLE

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

450 BUSCH DRIVE #6 1526 BISCAYNE BAY DR

JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32218 US

Current Mailing Address: New Mailing Address:

450 BUSCH DRIVE #6 1526 BISCAYNE BAY DR

JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32218 US

FEI Number: 71-0971256 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:

RICHARDSON, JOHN Q 1526 BISCAYNE BAY DR

JACKSONVILLE, FL 32218 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: JOHN Q RICHARDSON

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: RICHARDSON, JOHN J Name: RICHARDSON, JOHN Q

Name:RICHARDSON, JOHN JName:RICHARDSON, JOHN QAddress:1526 BISCAYNE BAY DRAddress:1526 BISCAYNE BAY DRCity-St-Zip:JACKSONVILLE, FL 32218 USCity-St-Zip:JACKSONVILLE, FL 32218 US

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

Name: MILEY, JAMES Name: FOSTER, MARK

Address: 13991 FISH EAGLE DR E Address: 15487 TURKOMAN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: JACKSONVILLE, FL 32218 US

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: JOHN Q RICHARDSON P 01/14/2009