

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004306

1. Entity Name
FELLOWSHIP OF BELIEVERS OF JACKSONVILLE, INC.



FILED

2008 JAN 30 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4941 MAXWOOD ROAD
JACKSONVILLE, FL 32257

Mailing Address
4941 MAXWOOD ROAD
JACKSONVILLE, FL 32257

2. Principal Place of Business - No P.O. Box #
11914 Clearwater Oaks
Suite, Apt. #, etc. Drive West

3. Mailing Address
11914 Clearwater Oaks
Suite, Apt. #, etc. Drive West



01222008 REIN-NP CR2E099 (1/07)

City & State
Jacksonville, FL
Zip 32223 Country USA

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Jacksonville, FL
Zip 32223 Country USA

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

HAMM, BRIAN
4941 MAXWOOD ROAD
JACKSONVILLE, FL 32257

7. Name and Address of Now Registered Agent

Name Sherman Staples
Street Address (P.O. Box Number is Not Acceptable)
11914 Clearwater Oaks Drive West
City Jacksonville FL Zip Code 32223

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 Sherman Staples Sherman Staples
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

1/28/08
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

TITLE P
NAME HAMM, BRIAN ☒ Delete
STREET ADDRESS 4941 MAXWOOD ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE S
NAME STAPLES, CAROLYN ☐ Delete
STREET ADDRESS 11914 CLEARWATER OAKS DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE T
NAME YOUNG, NANCY ☐ Delete
STREET ADDRESS 6230 MANEY DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME BURLING, NANCY ☐ Delete
STREET ADDRESS 7848 LAKESIDE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME WRIGHT, MEGAN ☐ Delete
STREET ADDRESS 3780 VALLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME GRUBBS, RICHARD ☒ Delete
STREET ADDRESS 7589 FAWN LAKE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32256

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Sherman Staples
STREET ADDRESS 11914 Clearwater Oaks Drive West
CITY-ST-ZIP Jacksonville, FL 32223

TITLE ☐ Change ☐ Addition
NAME 200116584972
STREET ADDRESS 01/31/08--01039--002
CITY-ST-ZIP **122.50

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

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

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

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

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: Carolyn Staples Carolyn Staples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 904 262 9351
Date Daytime Phone #