2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004789

FILED Sep 28, 2007 Secretary of State

Entity Name: SOLID ROCK CHURCH OF JACKSONVILLE, INC.

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

12855 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

12855 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32258

FEI Number: 20-2561893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SEIGLER, DEXTER

13700 RICHMOND PARK DRIVE #1306

JACKSONVILLE, FL 32258 US

SEIGLER, DEXTER

3712 WICKLOW MANOR CT.

JACKSONVILLE, FL 32258 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: DEXTER SEIGER 09/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 WALKER, VERNON L SR
 Name:

 Address:
 8624 SANLANDO AVE
 Address:

 City-St-Zip:
 JACKSONILLE, FL 32211
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 FRANKLIN, MANNYE B
 Name:

 Address:
 2932 LANTANA LAKES DRIVE WEST
 Address:

 City-St-Zip:
 JACKSONILLE, FL 32246
 City-St-Zip:

 Name:
 SEIGLER, DEXTER
 Name:
 SEIGLER, DEXTER

 Address:
 13700 RICHMOND PARK DRIVE #1306
 Address:
 3712 WICKLOW MANOR CT.

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32224

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: VERNON WALKER PD 09/28/2007