

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000005079

1. Entity Name
JEREMIAH CULTURAL DEVELOPMENT CORPORATION,
INC.



FILED

07 NOV -5 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
31 LEWIS STREET
ATLANTIC BEACH, FL 32233

Mailing Address
31 LEWIS STREET
ATLANTIC BEACH, FL 32233

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2932 Cold Creek Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32221

USA

4. FEI Number
51-0496053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JACQUELYN
240 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

Name Forest Thomas

Street Address (P.O. Box Number is Not Acceptable)
4611 Mayflower Street

City Middleburg

FL Zip Code 32068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-1-07

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, FOREST
STREET ADDRESS 483 WITTING LANE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE VD
NAME JOHNSON, PHILLIP A
STREET ADDRESS 7800 POINT MEADOWS DR. #325
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Delete

TITLE SD
NAME BLAKE, THERESA D
STREET ADDRESS 13251 ARBOR VITAE DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE TD
NAME VEKGIE, SCOTT
STREET ADDRESS 2952 COLD CREEK BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500111206445
10/23/07--01024--024 **236.25

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-07