2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009976

FILED Jan 02, 2008 Secretary of State

Entity Name: SOULDIERS FOR CHRIST, ALL DENOMINATION CHURCH, INC.

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

2045 TUSKEGEE RD JACKSONVILLE, FL 32209

Current Mailing Address: New Mailing Address:

2045 TUSKEGEE RD JACKSONVILLE, FL 32209

FEI Number: 59-3209971 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:

MEALER, ANGELA D
6094 MAGGIES CIRCLE #116
JACKSONVILLE, FL 32244 US

MEALER, ANGELA D
10153 LANCASHIRE DRIVE
JACKSONVILLE, FL 32219 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: ANGELA MEALER 01/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MEALER, ARTHUR III
 Name:
 MEALER, ARTHUR III

 Address:
 6094 MAGGIES CIRCLE #116
 Address:
 10153 LANCASHIRE DRIVE

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete Title: D (X) Change () Addition Name: MEALER, ANGELA Name: MEALER, ANGELA

 Address:
 6094 MAGGIES CIRCLE #116
 Address:
 10153 LANCASHIRE DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32219

Title: D () Delete Title: () Change () Addition

 Name:
 JONES, GLORIA
 Name:

 Address:
 2166 JAMMES RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition Name: JONES, MARIA Name: JONES, MARIA

 Address:
 10454 KEY HAVEN BLVD
 Address:
 8432 SPENCERS TRACE COURT

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32244

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: ANGELA MEALER D 01/02/2008