

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011131

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** THE CHAPEL AT JACKSONVILLE INC

**Current Principal Place of Business:**

4619 MONUMENT POINTE CIRCLE  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10205  
JACKSONVILLE, FL 322470205 US

**New Mailing Address:**

4619 MONUMENT POINTE CIRCLE  
JACKSONVILLE, FL 32225 US

**FEI Number:** 20-3707798      **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:**

HOWARD, DALE F  
4619 MONUMENT POINT CIRCLE  
JACKSONVILLE, FL 32225 US

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

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:** DALE F HOWARD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** HOWARD, DALE F  
**Address:** 4619 MONUMENT POINTE CIRCLE  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** VP      ( ) Delete  
**Name:** HOWARD, JENNIFER A  
**Address:** 4619 MONUMENT POINTE CIRCLE  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** DALE F HOWARD

Electronic Signature of Signing Officer or Director

PD

07/08/2008

Date