

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -8 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000011429

1. Entity Name
THE PROGRESSIVE CHURCH OF OUR LORD #1 JESUS
CHRIST, INC.



Principal Place of Business
822 NW 5TH AVE
GAINESVILLE, FL 32609

Mailing Address
822 NW 5TH AVE
GAINESVILLE, FL 32609

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302007 REIN-NP

CR2E099 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYKES, SHERMAN
2832 NE 12TH STREET
GAINESVILLE, FL 32601

Name

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

City

FL

Zip Code

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

11/01/07

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DYKES, SHERMAN R
STREET ADDRESS 822 NW 5TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Change ☐ Addition
NAME 000112132950
STREET ADDRESS 11/08/07--01063--002 **\$61.25
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DYKES, BRIAN
STREET ADDRESS 1923 SW 42ND DR APT F
CITY-ST-ZIP GAINESVILLE, FL 32609

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

TITLE D ☐ Delete
NAME DOUGLAS, RENEE
STREET ADDRESS 2520 SW 31ST PL
CITY-ST-ZIP GAINESVILLE, FL 32608

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

TITLE D ☐ Delete
NAME WILLIAMS, DEREK
STREET ADDRESS 902 NW 6TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32601

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

TITLE D ☐ Delete
NAME LAWRENCE, SONIA
STREET ADDRESS 2501 SE 11TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32641

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/07 352-380-0039

11/13/07