

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000011688		
1. Entity Name SPIRITUAL ENRICHMENT CENTER, INC.		

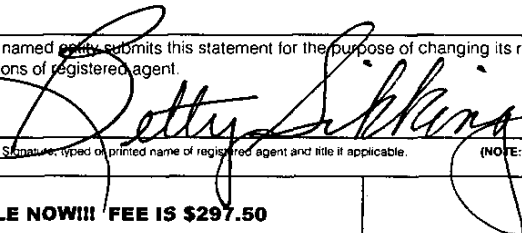
Principal Place of Business 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210	Mailing Address 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210
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2. Principal Place of Business - No P.O. Box # 3194 Laurel Grove S	3. Mailing Address 7010 Ricker Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32223	Country DUAL
Zip 32244	Country DUAL

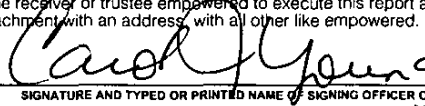
6. Name and Address of Current Registered Agent CRAVEY, JERRY 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210	
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7. Name and Address of New Registered Agent Name: Rev. Betty S. King Street Address (P.O. Box Number is Not Acceptable): 3194 Laurel Grove S City: Jacksonville FL Zip Code: 32223	
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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: 	DATE: April 23, 2008
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL, MICHELE 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Young, Carol J. 221 Colima Court #1014 Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOHR, GEYNELL 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Meding, Carol Ann 245 Aquarius Circle N. Jacksonville, FL 32216 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, DEE 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradley, Dennis 629 3rd Ave North Jacksonville Beach, FL 32250 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANOVA, KEVIN 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harrell, John 1334 Mapleton Rd. Jacksonville, FL 32207 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWLESS, IRMA J 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Dowless, Irma Jane 7010 Ricker Road Jacksonville, FL 32244 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'HARE, TOY 1621 WOODMERE DRIVE JACKSONVILLE, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ravonia, Lowanda 2580 Herschel St Jacksonville, FL 32204 ☐ 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: 	DATE: April 23, 2008 Daytime Phone #: (904) 280-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT
08 APR 29 AM 9:05
4/30/08
200126934068
04/29/08--01046--001 **297.50



04232008 REIN-NP CR2E099 (1/07)

4. FEI Number 20-5853711	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required