2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2008 APR 29 AM 9:05

DOCUMENT # N06000011688

1. Entity Name
SPIRITUAL ENRICHMENT CENTER, INC.

REINSTATEMENT 07-08
4/30/08
800126934068
04/29/08--01046--001 **297.50

Principal Place of Business	Mailing Address
1621 WOODMERE DRIVE JACKSONVILLE, FL 32210	1621 WOODMERE DRIVE JACKSONVILLE, FL 32210

04232008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3194 Laurel Grove S	7010 Ricker Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, FL
Zip: 32223 Country: Duval	Zip: 32244 Country: Duval

4. FEI Number 20-5853711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAVEY, JERRY
1621 WOODMERE DRIVE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name: Rev. Betty Sikking
Street Address (P.O. Box Number is Not Acceptable): 3194 Laurel Grove S
City: Jacksonville FL Zip Code: 32223

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: Betty Sikking April 23, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50

Make check payable to Florida Department of State

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 Medina, 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	A 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: Carol J Young April 23, 2008 (904) 280-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #