

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000007951

1. Entity Name  
CHRISTIAN ALUMNI FELLOWSHIP INC.



FILED

09 JUN 12 AM 6:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1508 EAST 15TH STREET APT #2  
JACKSONVILLE, FL 32244

Mailing Address  
1508 EAST 15TH STREET APT #2  
JACKSONVILLE, FL 32244

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

676 ACORN CHASE Dr  
ORANGE PARK, FL  
City & State  
Zip  
32065

3. Mailing Address

SAME  
Suite, Apt. #, etc.  
SAME  
City & State  
SAME  
Zip  
Country  
USA



03132065 REINSTATEMENT 08-05

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

ROBERSON, APRIL  
1508 EAST 15TH STREET APT #2  
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name  
SAME  
Street Address (P.O. Box Number is Not Acceptable)  
676 ACORN CHASE Dr  
ORANGE PARK, FL 32065  
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

FILE NOW!!! FEE IS \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ROBERSON, LEE  
1508 EAST 15TH STREET APT #2  
JACKSONVILLE, FL 32244 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
07/6/18 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD ROBERSON, LEE  
676 ACORN CHASE Dr  
ORANGE PARK, FL 32065 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300157101459  
06/12/09--01084--008 \*\*\*192.50 ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

LEE ROBERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/09

Date

Daytime Phone #