

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008897

FILED
Feb 16, 2009
Secretary of State

Entity Name: ANGLICAN ALLIANCE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

901 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

1650 MARGARET STREET, SUITE 302
PMB # 141
JACKSONVILLE, FL 32204-386 US

Current Mailing Address:

901 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Mailing Address:

1650 MARGARET STREET, SUITE 302
PMB # 141
JACKSONVILLE, FL 32204-386 US

FEI Number: 26-1248971 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

DUDLEY, ERIC REV
901 THOMASVILLE RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WILLMAN, HARRIS
2950 ST. JOHN'S AVE
UNIT # 11
JACKSONVILLE, FL 32205-871 US

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: HARRIS WILLMAN

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: DUDLEY, ERIC REV
Address: 901 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: HOBBY, JAMES REV
Address: EAST JACKSON ST.
City-St-Zip: THOMASVILLE, GA

Title: T () Delete
Name: LEBHR, NEIL REV
Address: 8535 BAYMEADOWS RD., STE. 30
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CT (X) Change () Addition
Name: LEBHAR, NEIL REV.
Address: 8535 BAYMEADOWS RD., SUITE 31
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T (X) Change () Addition
Name: MCCASLIN, JAMES REV.
Address: 1739 BRANCH VINE DR. W.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: T (X) Change () Addition
Name: WILLMAN, HARRIS
Address: 2950 ST. JOHN'S AVE. UNIT # 11
City-St-Zip: JACKSONVILLE, FL 32205-871 US

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: HARRIS WILLMAN

MR.

02/16/2009

Electronic Signature of Signing Officer or Director

Date