

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N21079

1. Entity Name
SILVER GLYN BAPTIST CHURCH, INC.



Principal Place of Business
**115 ARLINGTON ROAD NORTH
JACKSONVILLE, FL 32211**

Mailing Address
**115 ARLINGTON ROAD NORTH
JACKSONVILLE, FL 32211**

FILED

04 NOV 29 PM 4:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 2004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1091468

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

~~MAHON, HARRY B.
350 EAST ADAMS STREET
JACKSONVILLE, FL 32202~~

Name **Norman L. Willis**
Street Address (P.O. Box Number is Not Acceptable)
1715 Holly Oaks Lake Rd. W.
City **JAX FL 32225**
City **JAX FL** Zip Code **32225**

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

Norman L. Willis

11-22-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIS, NORMAN	
STREET ADDRESS	1715 HOLLY OAK LAKE RD. W.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIS, JOYCE	
STREET ADDRESS	1715 HOLLY OAKS LAKE RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARTLEY, GLORIA	
STREET ADDRESS	725 TREKKER ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900043047309
STREET ADDRESS	11/29/04--01071--006 **\$1.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joyce Willis* - **Joyce Willis - Treasurer 11/22/04 904-7210174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #