

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N23908

FILED  
Oct 15, 2009  
Secretary of State

**Entity Name:** AVONDALE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

1651 TALBOT AVE  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

DAVID H PEEK  
1375 TALBOT AVENUE  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

DAVID H PEEK  
50 NORTH LAURA STREET SUITE 2600  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-0751906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

PEEK, DAVID H  
1375 TALBOT AVE.  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

PEEK, DAVID H  
50 NORTH LAURA STREET SUITE 2600  
JACKSONVILLE, FL 32202 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: DAVID H PEEK

10/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTR ( ) Delete  
Name: HAMMOND, WILLIAM  
Address: 3439 FITCH ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: STR ( ) Delete  
Name: HAMMOND, WILLIAM  
Address: 3439 FITCH ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: STR ( ) Delete  
Name: LAWRENCE, CINDY  
Address: 3671 OAK ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VTR ( ) Delete  
Name: GRIEVE, MARVIN  
Address: 1375 TALBOT AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: CHAI ( ) Delete  
Name: PEEK, DAVID H  
Address: 1375 TALBOT AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CHAI (X) Change ( ) Addition  
Name: PEEK, DAVID H  
Address: 50 NORTH LAURA STREET SUITE 2600  
City-St-Zip: JACKSONVILLE, FL 32202

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: DAVID H PEEK

PRES

10/15/2009

Electronic Signature of Signing Officer or Director

Date