2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	TALLAHASSEE, FLORIDA Place of Business 3. Mailing Address TALLAHASSEE, FLORIDA Place of Business 3. Mailing Address	25 WEST 9TH ST. JACKSONVILLE, FL 32206 25 WEST 9TH ST. JACKSONVILLE, FL 32206 TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address	25 WEST 9TH ST. TALLAHASSEF FLORIDA		DOCUMENT# N41900 FILED	Criticisty	me FIELD CHRISTIAN CHURC	H (DISCIPLES OF	A THE					05
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Signature, typed or prighted name of registered egent and title if applicable. (NOTE: Registered Agent algosture required when reinstating) DATE	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S, CARY V NLO AVE NVILLE, FL 32218 City FL Zip Code re 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 ations of registered agent.	Zip Country Zip Country 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 ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	City & State Country Country Country Country Country 5. Certificate of Status Desired S8.75 Additional Fee Required Fee Required ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City 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.	1. Entity Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. 1. Entity Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. 1. Entity Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JUN 24 AM 9: 05 SECRETA: LATE TALLAHASSEE, FLORIDA 1. Entity Name SECRETA: LATE TALLAHASSEE, FLORIDA 1. Entity Name SECRETA: LATE TALLAHASSEE, FLORIDA 1. Entity Name TALLAHASSEE, FLORIDA	Ciarratione		and title if applicable. (NOTE	E: Registered Ag	pent signature requis	red when reinstating)	DATE	·	
	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S, CARY V NLO AVE NVILLE, FL 32218 City FL Zip Code re 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 ations of registered agent. CAMA CAMA City FL Zip Code City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City City City FL Zip Code City Ci	Zip Country Zip Country 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 ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ARM V. R. A. C. Signature 5. Certificate of Status Desired \$8.75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. —/3—5 SIGNATURE ARM V. R. A. C. Signature 6. —/3—5 SIGNATURE ARM V. R. A. C. Signature 6. —/3—5 SIGNATURE ARM V. R. A. C. Signature 7. Name and Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent City Signature 6. — Name 6.	City & State Country Country Country Country Country Country Country Street Address of Status Desired Street Address of New Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Applied For Not Applied For Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SIGNATURE City FL Zip Code 8. The State of Florida. I am familiar with, and accept the obligations of registered agent.	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Ann. W. Rofanni Suite, Apt. #, etc. 15262005 REINTRIP OB STITECOS (6/O4) O4-O5 Applied For Not Applied For	1. Enthy Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. Principal Place of Business 25 WEST 91H ST. IACKSONVILLE, FL 32206 Additional Flace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country The Interior of Status Desired Service Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE AMA Rolow All 9: 05 SECRETA: IALE TALL AHASSEE, FLORIDA SECRETA: IALE TALE ALE SECRETA: IALE TALE TALE ALE TALE ALE TALE ALE	FI	LE NOWIII FEE IS \$122.50	In accordan	ce with s. (did not rec	607.193(2)(b) eive the prior	, F.S., the notice.			
FILE NOWILI 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	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S, CARY V NLO AVE NVILLE, FL 32218 City FL Zip Code re 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 ations of registered agent. Signature. typed or prights name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE Make check payable to	Zip Country Zip Country 59-0931258 Not Applicable S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, CARY V 1420 MENLO AVE Street Address (P.O. Box Number is Not Acceptable) 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 price frame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ELLE NOWILL SEE as \$432.50 In accordance with s. 607.193(2)(b), F.S., the Make check payable to	City & State City & State City & State City & State Applied For S9-0931258 Applied For Not Applicable See Required 6. Name and Address of Current Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE City City FL Zip Code (MOTE: Registered Agent aignature required when reinstating) DATE: Make check payable to	Suite, Apt. #, etc. Suite, Ap	1. Ently Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. 1. Principal Place of Business 25 WEST 9TH ST. 1ACKSONVILLE, FL 32206 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 5. City & State City & State City & State Country Country Country 5. Cartificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyeld or by Foreme of registered agent and title / supcleable. (MOTE: Registered Agent signature required when reinstating) DAIR: Make check payable to	10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	SES TO OFFICERS AND D	DIRECTORS IN	I 10
FILE NOWILI FEE IS \$122.50 corporation did not receive the prior notice. Florida Department of State	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S, CARY V NLO AVE NVILLE, FL 32218 City FL Zip Code Ve 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 ations of registered agent. Signature, typed or priginal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the Florida Department of State	Zip Country Zip Country 59-0931258 Not Applicable 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 Street Address (P.O. Box Number is Not Acceptable) 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. Upped or prights name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE The NOWILL FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the Florida Department of State	City & State Applied For Not Applicable Sea.75 Additional Fee Required Sea.75 Additional Fee Required Fee Required Street Address of New Registered Agent Name Name City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Signature Signat	Suite, Apt. #, etc. Suite, Ap	1. Ently Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. 1. ALL AM 9: 05 SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. 1. ALL AM 9: 05 SECRETA: FAIE TALL AMASSEE, FLORIDA 1. ALL AMASSEE, FLORIDA 1. ACKSONVILLE, FL 32206 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 5. Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218 5. 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. 5. 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. 5. SIGNATURE 5. Signature, hyered or purplet name of registered agent and title if accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 6. Make check payable to Florida Department of State	TITLE	Р	☐ Delete	TITLE			<u> </u>	☐ Change	Addition
to. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ITILE 12. Change And Additional Change	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. CARY V NLO AVE NVILLE, FL 32218 City FL Zip Code City FL Zip Code City FL Zip Code Ve 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 attors of registered agent. Signature, typed or prights name of registered agent and title if accidable. (NOTE: Registered Agent alignature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Signature Sign	City & State A. FEI Number 59-0931258 Septimater of Space of	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Sippose Fill Number	SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC. Principal Place of Business 25 WEST 9TH ST. JACKSONVILLE, FL 32206 Mailing Address 25 WEST 9TH ST. JACKSONVILLE, FL 32206 Mailing Address 25 WEST 9TH ST. JACKSONVILLE, FL 32206 SECRETA: TALE TALLAHASSEE, FLORIDA SECRETA: TALE TALLAHASSEE, FLORIDA Applied For Not Applie	l	· '	TLE P Delete		ř	artika artika ar	سنوا ورا البيان سيار سنو يسار پاس		
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