

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N41930 1. Entity Name SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC.						FILED 05 JUN 24 AM 9:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 25 WEST 9TH ST. JACKSONVILLE, FL 32206				Mailing Address 25 WEST 9TH ST. JACKSONVILLE, FL 32206			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROBERTS, CARY V 1420 MENLO AVE JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <u><i>Cary V. Roberts</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> <u>6-13-05</u> <small>DATE</small> </div> </div>							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> P HINSON, LINDA 3842 MARLAND ST JACKSONVILLE, FL 32209 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> 800055545658 06/01/05--01006--003 **297.50 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> T ALEXANDER, FLORENCE 669 ALDER STREET JACKSONVILLE, FL 32206 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> S KETIA, ROBERTS 1420 MENLO AVE JACKSONVILLE, FL 32218 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D SIMMONS, LENWOOD 331 E 10TH STREET JACKSONVILLE, FL 32206 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
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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: <u><i>Linda Hinson</i></u> <u>5/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							