PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41900**

1. Corporation Name

SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
25 WEST 9TH ST. JACKSONVILLE FL 32206	25 WEST 9TH ST. JACKSONVILLE FL 32206

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/1991

5. FEI Number: 59-0931258 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~P~~	~~EDDIE, SHEREE~~	~~10755 GRAYSON ST~~	~~JACKSONVILLE FL 32220~~
~~V~~ P	HINSON, LINDA	3842 MARLAND ST	JACKSONVILLE FL 32209
T	~~GOLCHER, JUNE~~ Alexander, Florence	~~6575 SAPPHIRE DRIVE~~ 669 Alder street	~~JACKSONVILLE FL~~ Jacksonville, FL 32206
S	~~LONDON, BARBARA~~ Ketia Roberts	~~10641 LA MANCHA AVE~~ 1420 Melo Ave	~~JACKSONVILLE FL 32257~~ Jacksonville, 32218
D	~~SHEPPARD, PAM.~~ Simmons, Lenwood	~~4746 N UNIVERSITY BLVD~~ 331 E. 10th Street	JACKSONVILLE FL ~~32277~~ 32206
~~D~~	~~CONNER, TOM~~	~~5335 ROBERT SCOTT DR~~ N	~~JACKSONVILLE FL 32207~~

8. Name and Address of Current Registered Agent

~~GREENE, RALPH, III~~
~~220 E. FORSYTH ST.~~
~~JACKSONVILLE FL 32202~~

9. Name and Address of New Registered Agent

Name: Cary V. Roberts
Street Address (P.O. Box Number is Not Acceptable): 1420 Melo Avenue
Suite, Apt. #, Etc.: 000023820260 10/15/03--01060--008 **236.25
City: Jacksonville State: FL Zip Code: 32218

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Cary Roberts SIGNATURE REQUIRED Date: 10/9/2003
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Linda Hinson SIGNATURE REQUIRED 10/9/03 904-366-3479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #