

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 14 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N92000000999 1. Entity Name NEW LIFE IN CHRIST CHRISTIAN CHURCH, INC.					
Principal Place of Business 6225 NORWOOD AVE. JACKSONVILLE, FL 32208 US			Mailing Address 6225 NORWOOD AVE. JACKSONVILLE, FL 32208 US		
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 59-3154369	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINFREY, IVORY L 2844 JUSTINA RD JACKSONVILLE, FL 32211				7. Name and Address of Now 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
				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	PD WINFREY, IVORY L 2844 JUSTINA RD JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> 400113345504 Change <input type="checkbox"/> Addition </div> <div style="text-align: right;"> 12/21/07--01022--001 **122.50 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JEFFERY 9719 EVANS RD. JACKSONVILLE, FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> REINSTATEMENT Change <input type="checkbox"/> Addition </div> <div style="text-align: right;"> 06-07 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, ALICE 7246 SYMRA STREET JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Martin, Sharon 9719 Evans Rd. Jacksonville, Fl. 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROSE B 1593 LANES S, APT. W JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosalyn Winfrey 2844 Justina Rd. Jacksonville, Fl. 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dr. Ivory L. Winfrey, Jr. 			12/10/07 (904) 764-0220		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

New Life In CHRIST Christian Curch, Inc.

6225 Norwood Avenue
Jacksonville, Florida 32208

December 11, 2007

Divison of Coropration
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Jim Smith, Secretary of State

Re: Reinstatement

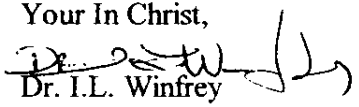
This letter is to inform you that the above name Church, did not receive it annual renewal Non-Profit notice for '06. We are asking that all late fee and penalty be forgiven or not charged.

Enclosed is a check for filling fees of \$122.50 according to the attached document form from department, CR2E58 (2-92). For futher information about our church please fill free to contact the following:

Thanking you in advance for assisting us in matter. We are looking forward to hearing from you soon.

Sharon Martin, Treasurer (904) 764 - 0220

Your In Christ,


Dr. I.L. Winfrey
President