

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N92000000999 1. Entity Name NEW LIFE IN CHRIST CHRISTIAN CHURCH, INC.					
Principal Place of Business 6225 NORBROOK AVE. JACKSONVILLE, FL 32208 US			Mailing Address 6225 NORBROOK AVE. JACKSONVILLE, FL 32208 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3154369	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WINFREY, IVORY L 2844 JUSTINA RD JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NUMBER FEE IS \$91.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 807.193(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	PD WINFREY, MORY L 2844 JUSTINA RD JACKSONVILLE, FL 32211 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800139529318 01/06/09--01007--015 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JEFFERY 9719 EVANS RD. JACKSONVILLE, FL 32208 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, SHARON 9719 EVANS RD JACKSONVILLE, FL 32208 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROSE B 1593 LANES S, APT. W JACKSONVILLE, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINFREY, ROSALYN 2844 JUSTINA RD JACKSONVILLE, FL 32211 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Debra W. [Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12/21/08 (94)764-0720 Date Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12292008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-3154369

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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Make check payable to
 Florida Department of State

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REINSTATEMENT

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: Debra W. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/08 (94)764-0720
Date Daytime Phone #

New Life In CHRIST Christian Church, Inc.

6225 Norwood Avenue
Jacksonville, Florida 32208

December 21, 2008

Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Jim Smith, Secretary of State

Re: Reinstatement

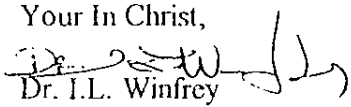
This letter is to inform you that the above name Church, did not receive its annual renewal Non-Profit notice for '07. We are asking that all late fee and penalty be forgiven or not charged.

Enclosed is a check for filling fees of 61.25 according to the attached document form from department, CR2E58 (2-92). For further information about our church please feel 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