

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000999

FILED
Nov 16, 2009
Secretary of State

Entity Name: NEW LIFE IN CHRIST CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

6225 NORWOOD AVE.
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

6225 NORWOOD AVE.
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-3154369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WINFREY, IVORY L
2844 JUSTINA RD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: IVORY L. WINFREY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WINFREY, IVORY L
Address: 2844 JUSTINA RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: MARTIN, JEFFERY
Address: 9719 EVANS RD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: MARTIN, SHARON
Address: 9719 EVANS RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WALKER, ROSE B
Address: 1593 LANES S, APT. W
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: WINFREY, ROSALYN
Address: 2844 JUSTINA RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVORY L. WINFREY

PD

11/16/2009

Electronic Signature of Signing Officer or Director

Date