

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 10 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112007 REIN-NP CR2E099 (1/07)

DOCUMENT # N93000000779

1. Entity Name  
CHURCH OF CHRIST AT 1120 SOUTH THOMPSON  
AVENUE, DELAND, FLORIDA INCORPORATED



Principal Place of Business  
1120 S THOMPSON AVE  
DELAND, FL 32720

Mailing Address  
1120 S. THOMPSON AVE.  
DELAND, FL 32720

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-2483282

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, CHARLIE J  
523 WEST HUBBARD AVENUE  
DELAND, FL 32720

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

*Charlie J. Jenkins*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-26-07

FILE NOW!!! FEE IS \$238.25  
After January 1, 2008, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JENKINS, CHARLIE J	
STREET ADDRESS	523 W HUBBARD AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, LEROY	
STREET ADDRESS	629 CEDAR PARK DR.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, JOAN	
STREET ADDRESS	814 W FRANKLIN ST.	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	T--	<input type="checkbox"/> Delete
NAME	DEROSE, MILDRED	
STREET ADDRESS	P.O. BOX 1602-1505 S ADELLE AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKS, JEFFREY	
STREET ADDRESS	1167 BALFOUR DRIVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700111464317	
CITY-ST-ZIP	10/29/07--01069--014 **245.00	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franks, Jeffrey	
STREET ADDRESS	1167 Balfour Drive	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Butts, Marvis	
STREET ADDRESS	1167 Balfour Drive	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Charlie J. Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-07 386-758-7014

Date

Daytime Phone #

12/12/07