

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000002587

1. Entity Name
**THE HOLY SPIRIT MINISTRIES OF JACKSONVILLE,
FLORIDA, INC.**



Principal Place of Business
**1157 ROMAINE CIRCLE WEST
JACKSONVILLE, FL 32225**

Mailing Address
**1157 ROMAINE CIRCLE WEST
JACKSONVILLE, FL 32225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 05-06
1142005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3190473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, CHARLIE M
1157 ROMAINE CIRCLE WEST
JACKSONVILLE, FL 32225**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PP** ☐ Delete
NAME **JONES, CHARLIE M**
STREET ADDRESS **1157 ROMAINE CIRCLE WEST**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **VP** ☐ Delete
NAME **JONES, MILTON B**
STREET ADDRESS **1157 ROMAINE CIRCLE WEST**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **T** ☐ Delete
NAME **WILLIAMS, ODESSA S**
STREET ADDRESS **2947 RIBAUT CIR**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **S** ☐ Delete
NAME **HOWARD, ALLEN E DR**
STREET ADDRESS **5816 LUSAID DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **500062202** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
12/15/05--01048--005 **297.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
12/15/05--01048--005 **297.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 M Jones 12-22-05 (904) 724-5832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #