

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000001084

FILED
Oct 11, 2007
Secretary of State

Entity Name: VISION BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

8973 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

8973 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3315051 **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:

LEWIS, GWENDOLYN D
9746 DEVONSHIRE BLVD.
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

LEWIS, KELVIN L
4939 MINTS COURT
JACKSONVILLE, FL 32218 US

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: KELVIN L. LEWIS

10/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MASON, DINAH
Address: 9443 HARRIET AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: JOHNSON, SHANNON E
Address: 6877 VAN GUNDY DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: LEWIS, GWENDOLYN D
Address: 9746 DEVONSHIRE BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD () Delete
Name: LEWIS, KELVIN L
Address: 9746 DEVONSHIRE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: JOHNSON, SHANNON E
Address: 10890 CAMPUS HEIGHTS LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: LEWIS, GWENDOLYN D
Address: 4939 MINTS COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD (X) Change () Addition
Name: LEWIS, KELVIN L
Address: 4939 MINTS COURT
City-St-Zip: JACKSONVILLE, FL 32218

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: KELVIN L. LEWIS

PRES

10/11/2007

Electronic Signature of Signing Officer or Director

Date