

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000004743

1. Entity Name
ARMS OF MERCY DRUG FREE RECOVERING MINISTRY
INC.



Principal Place of Business
1453 WEST 22ND STREET
JACKSONVILLE, FL 32209

Mailing Address
1453 WEST 22ND STREET
JACKSONVILLE, FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10/05/05 01060 001 \$61.25



10062005 REINSTATEMENT 05-06
CF2E099 (6704)

4. FEI Number
59-3338717

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

THOMAS, QUOVADIS G
1453 W 22ND ST.
JACKSONVILLE, FL 32209

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

Rev Dr. Quovadis G Thomas Sr.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THOMAS, QUOVADIS G *Rev Dr.* ☐ Delete
1801 KEY BISCAYNE
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900060261669
12/23/05--01044--001 **350.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMETT, NOAH ☐ Delete
1453 W. 22ND STREET
JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900060261669
03/01/06--01014--024 **122.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALKER, BESSIE ☐ Delete
1453 W 22ND STREET
JACKSONVILLE, FL 32209

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JACKSON, KAREN ☒ Delete
1453 W 22ND STREET
JACKSONVILLE, FL 32209

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
THOMAS, SHARON ☐ Delete
1453 W 22ND STREET
JACKSONVILLE, FL 32209

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 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:

Rev Dr. Quovadis G Thomas Sr. 12-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #