

DOCUMENT # N99000005086

1. Entity Name

ARGYLE COMMUNITY CHURCH INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-12-2000 90117 039 ****61.25

Principal Place of Business

4521 PARK ST.
JACKSONVILLE FL 32205

Mailing Address

4521 PARK ST.
JACKSONVILLE FL 32205-7325

2. Principal Place of Business

141 Dover Bluff Dr.

Suite, Apt. #, etc.

3. Mailing Address

141 Dover Bluff Dr.

Suite, Apt. #, etc.

City & State

Orange Park FL

City & State

Orange Park FL

4. FEI Number

59-3590926

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

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

6. Name and Address of Current Registered Agent

NICHOLSON, H. MARK
4521 PARK ST.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name
Nicholson, H. Mark
Street Address (P.O. Box Number is Not Acceptable)
141 Dover Bluff DriveCity
Orange Park FL Zip Code
32073

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Pres. H. Mark Nicholson	141 Dover Bluff Dr.	Orange Park FL 32073		
	Vice Pres. Michele Nicholson	141 Dover Bluff Dr.	Orange Park FL 32073		
	Samie Antram	2935 Waters View Cir.	Orange Park FL 32073		
	Cindy Antram	2935 Waters View Cir.	Orange Park FL 32073		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)