I hereby 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 all other like empowered.

SIGNATURE: HAL HUNTER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N08335

Entity Name: THE CHURCH AT ARGYLE, INC.

#### **Current Principal Place of Business:**

6823 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244

### **Current Mailing Address:**

6823 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244 US

# FEI Number: 59-2452062

# Name and Address of Current Registered Agent:

HUNTER, HAL 6823 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244 US

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	PD	Title	D
Name	PAINTER, RICK	Name	GOWER, MYRON T
Address	8557 BLACKBERRY LN E	Address	667 PINE FOREST DR N
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	ORANGE PARK FL 32003
Title	TD	Title	SD
Name	BASS, KIMBERLY	Name	HUNTER, HAL
Address	1840 LINDSEY RD	Address	934 SHORTRIDGE CT
City-State-Zip:	JACKSONVILLE FL 32221	City-State-Zip:	ORANGE PARK FL 32065
Title	D		
Name	SHACKLEFORD, KAREN		
Address	323 SCENIC POINT LN		
City-State-Zip:	FLEMING ISLAND FL 32003		

SECRETARY DIRECTOR 01/22/2018

Date