

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUNTER, HAL  
6823 ARGYLE FOREST BLVD  
JACKSONVILLE, FL 32244 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           PAINTER, RICK  
Address        8557 BLACKBERRY LN E  
City-State-Zip: JACKSONVILLE FL 32244

Title           DIRECTOR, TREASURER  
Name           BASS, KIMBERLY  
Address        75145 CHICORY CT  
City-State-Zip: YULEE FL 32097

Title           DIRECTOR, SECRETARY  
Name           HUNTER, HAL  
Address        934 SHORTRIDGE CT  
City-State-Zip: ORANGE PARK FL 32065

Title           DIRECTOR  
Name           JOHNSON, TERRI  
Address        7369 AMANDA'S CROSSING DR S  
City-State-Zip: JACKSONVILLE FL 32244

Title           DIRECTOR  
Name           MASSICOTTE, PHIL  
Address        8332 MISTWOOD CIR N  
City-State-Zip: JACKSONVILLE FL 32244

Title           OFFICER  
Name           THOMPSON, DONNA  
Address        6823 ARGYLE FOREST BLVD.  
City-State-Zip: JACKSONVILLE FL 32244

*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:** DONNA B THOMPSON

**OFFICER**

**04/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date