

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08335

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**5963225508CC**

**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 PD  
Name PAINTER, RICK  
Address 8557 BLACKBERRY LN E  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name GOWER, MYRON T  
Address 667 PINE FOREST DR N  
City-State-Zip: ORANGE PARK FL 32003

Title TD  
Name BASS, KIMBERLY  
Address 1840 LINDSEY RD  
City-State-Zip: JACKSONVILLE FL 32221

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

Title D  
Name SHACKLEFORD, KAREN  
Address 323 SCENIC POINT LN  
City-State-Zip: FLEMING ISLAND FL 32003

*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

**DIRECTOR - SECRETARY** 03/20/2019

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

\_\_\_\_\_  
Date