

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000004744

**Entity Name:** CLIFFORD JOHNSON MINISTRIES, INC.**Current Principal Place of Business:**571 LITTLE FOX DRIVE  
ORANGE PARK, FL 32073**Current Mailing Address:**571 LITTLE FOX DRIVE  
ORANGE PARK, FL 32073**FEI Number:** 90-0721803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**A. WELLINGTON BARLOW, ESQ  
245 RIVERSIDE AVE  
# 130  
JACKSONVILLE, FL 32202 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:** A. WELLINGTON BARLOW

09/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	JOHNSON, CLIFFORD JR
Address	571 LITTLE FOX DR
City-State-Zip:	ORANGE PARK FL 32073

Title	VD
Name	JOHNSON, REBECCA
Address	571 LITTLE FOX DR
City-State-Zip:	ORANGE PARK FL 32073

Title	SD
Name	JOHNSON, CIARA
Address	571 LITTLE FOX DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	FREEMAN, PAUL
Address	11209 PONSET RD
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	WRIGHT, ROSA
Address	8098 SIERRA GARDENS DR
City-State-Zip:	JACKSONVILLE FL 32219

Title	VP
Name	JOHNSON, CLIFFORD III
Address	571 LITTLE FOX DRIVE
City-State-Zip:	ORANGE PARK FL 32073

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:** CLIFFORD JOHNSON**PRESIDENT**

09/27/2021

Electronic Signature of Signing Officer/Director Detail

Date