## 2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13000000210

Entity Name: THE CHURCH OF CHRIST INCORPORATED IN JACKSONVILLE

FL. NATALIE DR. E

**FILED** Mar 19, 2015 **Secretary of State** CR9996648294

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

6557 LEONA STREET JACKSONVILLE, FL 32219

# **Current Mailing Address:**

6557 LEONA STREET JACKSONVILLE, FL 32219

FEI Number: 37-1710404 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HOLMAN, JOYCE L 10850 NATALIE DRIVE E JACKSONVILLE, FL 32218 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: JOYCE L HOLMAN 03/19/2015

> Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title Title VΡ Name HOLMAN, WILLIAM I Name HOLMAN, JOYCE L Address 10850 NATALIE DRIVE E Address 10850 NATALIE DRIVE E

City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 32218

Title **TREA** Title **TRFA** 

HOLMAN, SULIEMAN S Name MIDDLETON, ANTHONY J Name Address 10850 NATALIE DRIVE E Address 10850 NATALIE DRIVE E City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 32218

Title **PLANNER** Title ASST, TREASURER

Name HOLMAN, ARKBAR M Name HOLMAN, MALCOLM M Address 10850 NATALIE DRIVE E Address 10850 NATALIE DRIVE E

102 WILLIAMS ST

JACKSONVILLE FL 32218

City-State-Zip: JACKSONVILLE FL 32219 City-State-Zip:

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: JOYCE L. HOLMAN

VP/ADMINATRATOR

03/19/2015