Y TIE COURT FL 32257 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.			
ELLY WRIGHT		06/	29/2021
Electronic Signature of Registered Agent			Date
Officer/Director Detail :			
D	Title	DIRECTOR	
TRAVIS, CHARLES	Name	WRIGHT, KELLY	
11152 OAK RIDGE DRIVE SOUTH	Address	5353 ARLINGTON EXPRESSWAY	
JACKSONVILLE FL 32225	City-State-Zip:		
DIRECTOR			
WRIGHT, ZACHARY			
10872 CROSS TIE COURT			
	TE COURT FL 32257 US entity submits this statement for the purpose of changing its reg : KELLY WRIGHT Electronic Signature of Registered Agent ctor Detail : D TRAVIS, CHARLES 11152 OAK RIDGE DRIVE SOUTH JACKSONVILLE FL 32225 DIRECTOR WRIGHT, ZACHARY	THE COURT FL 32257 US entity submits this statement for the purpose of changing its registered office or regis : KELLY WRIGHT Electronic Signature of Registered Agent ctor Detail : D Title TRAVIS, CHARLES Name 11152 OAK RIDGE DRIVE SOUTH Address JACKSONVILLE FL 32225 DIRECTOR WRIGHT, ZACHARY	THE COURT FL 32257 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. : <u>KELLY WRIGHT</u> 06/ Electronic Signature of Registered Agent CTO Detail : D Title DIRECTOR TRAVIS, CHARLES Name WRIGHT, KELLY 11152 OAK RIDGE DRIVE SOUTH Address 5353 ARLINGTON EXPRESSWAY SUITE 210 JACKSONVILLE FL 32225 City-State-Zip: JACSONVILLE FL 32211 DIRECTOR WRIGHT, ZACHARY

### Name and Address of Current Registered Agent:

# DOCUMENT# F15000004301

Entity Name: VILLAGE OF HOPE WORSHIP CENTER INC

2021 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

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

10872 CROSS TIE COURT JACSONVILLE, FL 32257

## **Current Mailing Address:**

10872 CROSS TIE. OURT JACSONVILLE, FL 32257 US

# FEI Number: 47-4424735

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: CHARLES TRAVIS

City-State-Zip: JACSONVILLE FL 32257

DIRECTOR Electronic Signature of Signing Officer/Director Detail

06/29/2021 Date

## FILED Jun 29, 2021 Secretary of State 3190029972CR

Certificate of Status Desired: No