

705489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Olive Baptist Church, Incorporated  
Name of Corporation

DOCUMENT NUMBER: 705489

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel DuBose

Name of Contact Person

Olive Baptist Church

Firm/Company

1836 E. Olive Road

Address

Pensacola, Florida 32514

City/State and Zip Code

rdubose@olivebaptist.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel DuBose

Name of Contact Person

at ( 850 ) 476-1932  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- Resigned

Daniel H. Beard

3640 Menendez Dr., Pensacola, FL 32514

- Jeremy Portmann

1836 E. Olive Road

P.O. Box NOT acceptable

Pensacola, FL 32514

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

JOHN S. NEWTON

Signature of an officer or director

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Signature of Registered Agent

Signature of Registered Agent

8/9/2024

Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)