

759156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

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20 APR 17 AM 11:47
DIVISION OF STATE
REGISTRATION

Ra Change

APR 24 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE ASSEMBLY TABERNACLE
Name of Corporation

DOCUMENT NUMBER: 759156

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:

EARLENE STEVENSON

Name of Contact Person

NEW LIFE ASSEMBLY TABERNACLE, INC

Firm/Company

7326 NATE CIRCLE

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

churchtreasurer@newlifeassembly.mygbiz.com

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

For further information concerning this matter, please call:

Earlene Stevenson

Name of Contact Person

at (904) 7860084

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

20 APR 17 AM 11:47

DEPT OF STATE
DIVISION OF CORPORATIONS



2020 APR 17 PM 4:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2020

EARLENE STEVENSON
NEW LIFE ASSEMBLY TABERNACLE, INC
7326 NATE CIRCLE
JACKSONVILLE, FL 32210

SUBJECT: NEW LIFE ASSEMBLY TABERNACLE, INC.
Ref. Number: 759156

We have received your document for NEW LIFE ASSEMBLY TABERNACLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 420A00007310

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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.

1. The name of the corporation: NEW LIFE ASSEMBLY TABERNACLE, INC

2. The principal office address: 7109 RICHARDSON ROAD
JACKSONVILLE, FL 32209

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 59-2364122

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

EARLENE STEVENSON
3450 DUNN AVENUE SUITE305
JACKSONVILLE, FL 32218

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENT, INC
7901 4th St N STE 300
ST PETERBURG , FL 33700

P.O. Box NOT acceptable

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DEPT. OF STATE
CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Earlene R. Stevenson
Signature of an officer or director

Earlene R. Stevenson
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 this 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.

Bill Havre
Signature of Registered Agent

04/15/2020
Date

If signing on behalf of an entity:

Bill Havre
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)