

759156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

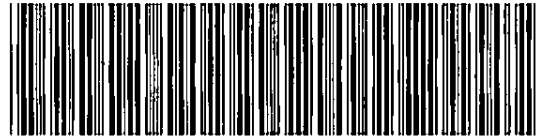
(Document Number)

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*Agents signature*

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REGISTRATIONS  
20 APR 17 AM 11:47

*Ra Change*

APR 24 2020

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## 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

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF THE STATE OF  
FLORIDA



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

P.O. Box NOT acceptable

ST PETERBURG , FL 33700

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)

20 APR 17 AM 11:47  
DIVISION OF CORPORATIONS