

700251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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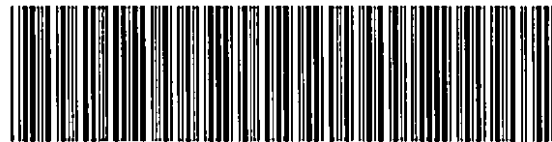
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: First Baptist Church of Eaton Park, Inc.  
Name of Corporation

DOCUMENT NUMBER: 700251

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:

Lannie Cruce  
Name of Contact Person

First Baptist Church of Eaton Park, Inc.  
Firm/Company

P.O. Box 217  
Address

Eaton Park, FL 33840  
City/State and Zip Code

fbc.eatonpark@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lannie L. Cruce at (843) 951-1775  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: First Baptist Church of Eaton Park, Inc.
2. The principal office address: 3044 Atlantic Avenue  
Lakeland, FL 33801
3. The mailing address (if different): P.O. Box 217  
Eaton Park, FL 33840
4. Date of incorporation/qualification: 12/28/59 Document number: 706251
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)

Lyle Combee (resigned)  
8675 Hwy 33 N.  
Lakeland, FL 33809

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

Lannie Cruce  
3315 Timberline Rd. W.  
P.O. Box NOT acceptable  
Winter Haven, FL 33880

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.

Lannie L. Cruce  
Signature of an officer or director

Lannie L. Cruce  
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.

Lannie L. Cruce  
Signature of Registered Agent

8-26-18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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