

701033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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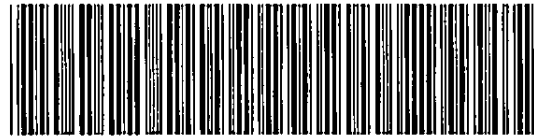
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMMEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAITH BAPTIST CHURCH OF SEFFNER, FLA, INC.
Name of Corporation

DOCUMENT NUMBER: 701032

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:

JESSE W CARR

Name of Contact Person

FAITH BAPTIST CHURCH OF SEFFNER

Firm/Company

603 FAITHWAY DRIVE

Address

SEFFNER, FL 33584

City/State and Zip Code

brflorida@hotmail.com

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

For further information concerning this matter, please call:

BRIAN READE

Name of Contact Person

at (**813**) **9820168**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FAITH BAPTIST CHURCH OF SEFFNER, FLA, INC.
2. The principal office address: 603 FAITHWAY DRIVE
SEFFNER, FL 33584
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/02/1960 Document number: 701032
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)

DAVID S JACKSON (resigned)

709 PENNYROYAL PL

BRANDON, FL 33510

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

BRIAN READE

12710 ALJO PL

P.O. Box NOT acceptable

THONOTOSASSA, FL 33592

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.

Jesse W. Carr
Signature of an officer or director

JESSE W CARR, PRESIDENT

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.

Brian Reade
Signature of Registered Agent

10/28/17
Date

If signing on behalf of an entity:

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 (03/12)