702324

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Glaterzip/Filotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Cartificat Carries Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openia mandelona to 1 mily omoon.

Office Use Only



500055962545

06/13/05--01024--024 **35.00

FILED

05 JUN 13 PM 1: 56

Of RA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Five Oaks Community Church, Inc. (Name of corporation)
DOCUMENT NUMBER: 702324
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:
Rev. Keith A. Schweikert (Name of contact person)
Five Oaks Community Church, Inc.
7650 66 th Street N. (Address)
Pine //as Park FL 3378/ (City/state and zip code)
For further information concerning this matter, please call:
Rev. Keith A. Schweikert at (727) 536-3292 (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 409 E. Gaines Street Tallahassee, FL 32399

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: Five Oaks Community Church, Inc.	
2. The principal office address: 7650 6674 54reet N.	
Pinellas Park, Fl. 33781	···
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4/24/6/ Document number: 702324	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Rev. Dr. Kent F. Austin, Tr.	7
7685 66 4 Street No STATE TO THE	
Pine/las Park, F/ 3378/	П Э
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Rev. Dr. Kent F. Austin, Jr.	
7650 66 H Street N. (P.O. Box NOT acceptable)	
Pinellas Park, FL 33781	
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.	
Dr. Kent & Austin Tr., Presia	len
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.	
De first & Auction 6/9/2005 (Signature of Registered Agent)	
If signing on behalf of an entity:	
Five Ooks Community Church, Inc. (Typed or Printed Name)	

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