

708481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

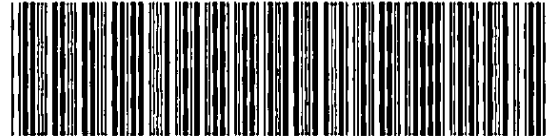
(Business Entity Name)

(Document Number)

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2019 JAN 18 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Baptist Church of Brooksville, Florida
Name of Corporation

DOCUMENT NUMBER: 708481

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:

2018 JAN 18 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Linda S. Lovelady
Name of Contact Person

First Baptist Church of Brooksville
Firm/Company

P. O. Box 1630
Address

Brooksville, FL 34605-1630
City/State and Zip Code

linda@fbcbrooksville.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda S. Lovelady at (352) 796-6791
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 Brooksville, FL

2. The principal office address: 420 Howell Ave., Brooksville, FL 34601

3. The mailing address (if different): P O Box 1630, Brooksville, FL 34605-1630

4. Date of incorporation/qualification: 02/12/1965 Document number: 708481

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)

Resigned

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

James L. Carter

366 Garfield Ave.

P.O. Box NOT acceptable

Masaryktown, FL 34604

2019 JAN 18 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

Signature of an officer or director

Treasurer

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.

Signature of Registered Agent

01/15/19

Date

If signing on behalf of an entity:

James L. Carter

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