709229

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Saint Johns River Community Action Partnership, Inc. (Name of corporation)	.* **
DOCUMENT NUMBER: 709229	n - -
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:	
James King	-
(Name of person)	
Saint Johns River Community Action Partnership, Inc. (Name of firm/company)	Transfer
Post Office Box 220 (Address)	-
Bunnell, Florida 32110-0220 (City/state and zip code)	
For further information concerning this matter, please call:	
James King at (386) 437-0392 (Name of 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 Tallabasses FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallabasses FL 32314	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	ovisions of sections 607.0502, 6.			his statement of
	ed for a corporation organized u		the state of the s	in order
to change its regis	stered office or registered agent,	or both, in the State of Flori	ida.	
1. The name of the	e corporation: Saint I	ohns River Commu	mity Action	Partnarchin
2. The principal of		th State Street		piri p
		, Florida 3211	0-0220	
3. The mailing add	dress (if different): Post Of		-	
		Florida 32110		
4. Date of incorpo	ration/qualification:1965			
5. The name and s Florida Departn	treet address of the current regist	ered agent and registered of	fice on file with the	4.00
	Mevlyn Ryle:	3		SECT.
_	1400 Reid S	reet		EARLASS CRETASS
	Palatka, Flo	orida 32177		FG 2
6. The name and s (if changed):	treet address of the new registere	d agent (if changed) and /or	registered office	TSTEET TO THE
_	James King			•
	305 North Si	ate St		
_	(P.O. Box or p	ersonal mailbox NOT acceptable)		
	Bunnell, Flo	orida 32110-02:	20	
The street address changed will be id	s of its registered office and the	street address of the busine	ess office of its register	ed agent, as
Such change was	authorized by resolution duly a corporation has been notified in	dopted by its board of direction writing of the change.	ctors or by an officer so	o authorized by
(SIE)	nature of an officer of director)		(Printed or typed hathe and tit	ive Director
l juriner agree to duties, and I am f being filed merely	ne appointment as registered ag comply with the provisions of a amiliar with and accept the obl to reflect a change in the regis writing of this change.	ent and agree to act in this Il statutes relative to the pr igation of my position as re tered office address, I here	capacity. roper and complete per egistered agent. Or, if thy confirm that the cor	formance of my this document is poration has
	gnature of Registered Agency		3/16/01	4
If signing on beha				
James Kir	18	P.	xecutive Direc	stor
	Typed or Printed Name)		(Capacity)	