## 711885

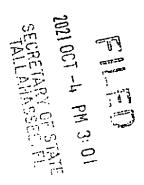
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## **COVER LETTER**

TO:

FO: Amendment Section Division of Corporations	
SUBJECT: First Baptist Church of Oviedo Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: 711885	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	
Tim Dix	
Name of Contact Person	
First Baptist Church of Oviedo	
Firm/Company	
45 W Broadway	
Address	
Oviedo FL 32765	
City/State and Zip Code	
tdix@crosslifechurch.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter	, please call:
Barry Johnson	at ( 407 ) 478-7950 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	ne Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rangingsect 1 to 2514	Tallahassee, Fl. 32303

CR2E045 (04/13)

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

Pursuant to the	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organize	507.1508, or 617.150 d under the laws of t	08, Florida Statutes, the State of Florida			
in orde	er to change its registered office or registered	d agent, or both, in t	he State 82 Florida - 4	PM 3: 01		
1. The name of	the corporation: First Baptist Church of Ovied	lo, Irc.	CECDETAD:	<u>a ottovate</u>		
2. The principal	1. The name of the corporation: First Baptist Church of Oviedo TYC.  SECRETARY OF STATE  AS W Broadway Oviedo FL 32765  TALLAHASSEE. FL					
	address (if different):					
4. Date of incor	rporation/qualification: 12/01/1966	Document numb	er: <u>711885</u>	<del></del>		
5. The name an Florida Depa	nd street address of the current registered age artment of State: (If resigned, enter resigned)	nt and registered offi	ice on file with the			
	Hal H. Kantor					
	OLEN Cala Daissa					
	Orlando FL 32801					
6. The name an (if changed):	nd street address of the new registered agent ( : Barry B Johnson, Esq.	(if changed) and /or	registered office			
	•• •					
	247 Maitland Ave Ste. 1000	OT acceptable				
	Altamonte Springs FL 32701	o r weep man				
The street addr	ress of its registered office and the street ad Il be identical.	dress of the busines	ss office of its register	ed agent,		
Such change wanthorized by	was authorized by resolution duly adopted be the board, or the corporation has been notif	y its board of direct ted in writing of the	tors or by an officer se change.	)		
		GREGORY	Haywood -	MUDIEZ BOALD		
	of the appointment as registered agent and ce to comply with the provisions of all statute and I am familiar with and accept the obligating filed merely to reflect a change in the cas been notified in writing of this change.	agree to act in this o	capacity,	-C		
If signing on b	gnanue of Registered Agent pelasti of an entity:		Date	·		
	Typed or Printed Name					

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (04/13)