# 116429

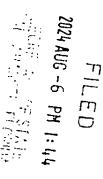
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
AU <sub>b</sub> 15 2024				

Office Use Only



700434328417

08/06/24--01023--017 \*\*35.00



#### **COVER LETTER**

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: Central Baptist Church of Ocala Inc. Name of Corporation
DOCUMENT NUMBER: 716429
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:
Florence Mills Name of Contact Person
Central Baptist Church of Ocala Inc.
Firm/Company
1714 SE 36 Avenue
Address
Ocala, FL 34471
City/State and Zip Code
kmills@ocacrusaders.com
E-mail address: (to be used for future annual restriction)
For further information concerning this matter, please call:
Florence Mills at (352 )694-2212  Name of Contact Person at (352 )Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

P.O. Box 6327 Tallahassee, FL 32314

Mailing Address: Amendment Section

Division of Corporations

**Street Address:** Amendment Section **Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of $\frac{1}{2}$ or registered agent, or both, in the State of Fi	Floreida
1. The name of	the corporation: Central Baptist Cl	hurch of Ocala Inc.	
2. The principal	office address: 1714 SE 36 Avenu	e	
Ocala, FL 3447	1		
3. The mailing a	address (if different);		
4. Date of incor	poration/qualification: 1969	Document number: 716429	
	d street address of the current regirtment of State: (If resigned, enter	istered agent and registered office on file wit r resigned)	h the
	John Bloom		
	1714 SE 36 Avenue		
	Ocala, FL 34471		
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered offi	ice
	Scott Sutton		1024
	1714 SE 36 Avenue		· 100 - 6 - 7 ILE
		P.O. Box NOT acceptable	5 Em
	Ocala, FL 34471		3 3 0
The street addras changed will	ess of its registered office and the identical.	e street address of the business office of its	registered egent.
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so
Charles	ire of an office for director	Charles Mills, Secretary	
I hereby accept I further agree of my duties, ar document is be corporation ha.	the appointment as registered a to comply with the provisions of ad I am familiar with and accepting filed merely to reflect a chans been notified in writing of this mature of Registered Agent	Printed or typed name and tall agent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered ge in the registered office address. I hereby change.	plete performance l agent. Or, if this v confirm that the
If signing on bo	chalf of an entity:		
Scott Sutton	'yped or Printed Name	_	
	••		

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

#### **COVER LETTER**

TO:

TO: Amendment Section				
Division of Corporations				
SUBJECT: Central Baptist Church of C	cala Inc.			
Name of Corporation				
DOCUMENT NUMBER: 716429				
The enclosed Statement of Change of	Registered Offic	e/Agent and fe	ee are submitted for fi	ling.
Please return all correspondence cond				
,	oriding time tridice	i to die follow	ing.	
Florence Mills				
Name of Contact Person		<del></del>		
Central Baptist Church of Ocala Inc.				
Firm/Company				
1714 SE 36 Avenue				
Address				
Ocala, FL 34471				
City/State and Zip Code				
kmills@ocacrusae	ders.com			
E-mail address: (to be used for futt		tification	<del></del>	,
			,	
For further information concerning th	is matter, please	call:		
Florence Mills	•	at (352	694-2212	
Name of Contact Person	on	Area Co	ode & Daytime Telep	hone 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	anized under the laws of the State of	Floreida
1. The name of	the corporation: Central Baptist Church of	of Ocala Inc.	
2. The principal Ocala, FL 3447	l office address: 1714 SE 36 Avenue		
3. The mailing a	address (if different):poration/qualification:	716429	
	d street address of the current registered rtment of State: (If resigned, enter resign		ith the
	John Bloom		
	1714 SE 36 Avenue		_
	Ocala, FL 34471		_
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered of	
	Scott Sutton	·	
	1714 SE 36 Avenue		FILED 2024 AUG-6 PH
	P.O. B	ox NOT acceptable	
	Ocala, FL 34471		
The street address changed will	ess of its registered office and the stree l be identical.	t address of the business office of i	ts registered agent,
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by ar notified in writing of the change.	n officer so
Charles	L. Mills	Charles Mills, Secretary	
Signatu	ire of an office or director	Printed or typed name and t	litle
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this change	nd agree to act in this capacity. itutes relative to the proper and co pligation of my position as registere he registered office address, I here e.	mplete performance ed agent. Or, if this by confirm that the
South	gnature of Registered Agent	07/28/Z	4
If signing on bo	chalf of an entity:		
Scott Sutton			
Т	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)