718735

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RACharse Theris 12-30-09.

COVER LETTER

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TO: Amendment S Division of C					
SUBJECT: Halifax Baptist Association, Inc. Name of Corporation					
DOCUMENT NUM	BER:	718735	_		
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:					
		,			
	Scott C	DuPont			
Name of Contact Person					
Law Offices of Buckmaster & DuPont					
	Firm/C	ompany	_		
912 S. Ridgewood Ave., Ste-D					
Address					
Daytona Beach, FL 32114 City/State and Zip Code					
City/State and Zip Code					
scott@buckmasterdupont.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ç.	cott C. DuPont	. 396	7.0000		
	of Contact Person	at (386)25 Area Code & Daytime Tele	phone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:	Street Address:			
•	Amendment Section Division of Corporations	Amendment Section Division of Corporati	one		
	P.O. Box 6327	Clifton Building	Ons		
	Tallahassee, FL 32314	2661 Executive Center	er Circle		
	. Situation of a D D D t 1	Tallahassee, FL 3230			



BUCKMASTER & DUPONT, P.L.C.

Attorneys and Counselors at Law

December 11th, 2009

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Halifax Baptist Association, Inc.

Change of Registered Agent

Dear Division of Corporations:

The purpose of this letter is to inform you that our office has been retained by Halifax Baptist Association, Inc., to assist them in changing their Registered Agent.

Enclosed with this letter you will find a cover letter, a properly executed application, and the appropriate filing fees.

At this point, you should have all that is needed to make the requested changes. If you have any questions, or need anymore information, please contact me at your earliest convenience. Thank you for your time and consideration.

Sincerely,

Scott C. DuPont

Attorney and Counselor at Law

Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2009

SCOTT C. DUPONT LAW OFFICES OF BUCKMASTER & DUPONT 912 S. RIDGEWOOD AVE., STE-D DAYTONA BEACH, FL 32114

SUBJECT: HALIFAX BAPTIST ASSOCIATION, INC.

Ref. Number: 718735

We have received your document for HALIFAX BAPTIST ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 209A00038350

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of	Florida
1. The name of t	he corporation: Halifax Baptist Association, Inc.	
2. The principal	office address: 201 Osceola Ave. Daytona Beach, FL 32114	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 06/23/1970 Document number:	718735
	I street address of the current registered agent and registered office on file vitment of State: (If resigned, enter resigned)	vith the
	Resigned	•
The name and (if changed):	street address of the new registered agent (if changed) and /or registered o	
	Attorney Scott C. DuPont	A G.
	912 South Ridgewood Ave, Ste-D P.O. Box NOT acceptable	ATE RIDA
	Daytona Beach, FL 32114	_
The street addre as changed will	ess of its registered office and the street address of the business office of be identical.	its registered agent,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by a board, or the corporation has been notified in writing of the change.	in officer so
The Signatur	Robert Had 1.6.4 Printed or typed name and	Director
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	omplete performance red agent. Or, if this reby confirm that the
AND A	nature of Registered Agent 19 19 109 Date	
if significan be	half of an entity:	
T ₂	yped or Printed Name	
	* * * FILING FFF. \$35 AA * * *	

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

CR2E045 (8/05)