728125

(Requestor's Name)					
•					
, (Address)					
(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:					
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07/27/06--01007--008 **35.00

06 JUL 27 PM 1: 47
SEGRETARY OF STATE
TALLAHASSEE, FLORID

RA Chg,

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Cedar Hills Baptist Ch						
DOCUMENT NUMBER: 728125						
The enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	•					
Sharon Cole (Name of Con	tact Person)					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Cedar Hills Baptist Church						
(Firm/Company)						
4200 Jammes Road (Address)						
(Addr	ess)					
Jacksonville, Florida 32210						
(City/State and	d Zip Code)					
For further information concerning this matter, please ca	all:					
Sharon Cole	at (904) 771-1145					
(Name of Contact Person)	at (904) 771-1145 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Departr	ment of State.					
Mailing Address: Amendment Section	Street Address:					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	· Tallahassee, FL 32301					

TO:

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

statement of cha	nge is submitted j	for a corporation organ	2, 607.1508, or 617.1508, ized under the laws of the ered agent, or both, in the	State of Florida		
1. The name of t	he corporation:_	Cedar Hills Baptist (Church, Inc.			
2. The principal						
3. The mailing a	ddress (if differer	Jacksonville, Flori				
4. Date of incorp	poration/qualifica	tion: 11/27/1973	Document number:	728125		
	l street address of timent of State:	the current registered a	gent and registered office	on file with the		
	A. B. Blackburn, Jr.					
	904 American Heritage Life Bldg					
	Jacksonville	e, Florida				
6. The name and (if changed):	I street address of	the new registered ager	nt (if changed) and /or regi	stered office		
•	William We	ber		SSET PE		
William Weber 3737 Bramble Road (P.O. Box NOT acceptable)						
(P.O. Box NOT acceptable) Jacksonville, Florida 32210						
The street addreas changed will				ffice of its registered agent,		
Such change wa authorized by th	as authorized by ne board, or the c	resolution duly adopted corporation has been no	d by its board of directors tified in writing of the cl	s or by an officer so nange.		
	re of an officer or dire			ed name and title)		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment to comply with the d I am familiar wang filed merely to the been notified in	as registered agent an ne provisions of all stat wilh and accept the obl o reflect a change in th writing of this change.	d agree to act in this cap utes relative to the prope igation of my position as e registered office addre	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the		
Willians	nE.W	elec_	July 26, 2006			
	gnature of Registered A		(Dr	iie)		
William Web	per		•			
(1	yped or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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