

## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSH ROSS, P.A.

Account Number : I19990000150 : (813)224-9255

Fax Number

Phone

: (813)223-9620

Celeste Perrino (999999,99999)



## REGISTERED AGENT CHANGE

TAMPA BAY BAPTIST FOUNDATION, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000119930 3)))

## **COVER LETTER**

To:	Amendment Section
	Division of Corporations

SUBJECT:	Tampa Bay Baptist Foundation, Inc.				
	(Name of Corporation)				
DOCUMENT NUMBER:	730032				
The enclosed Statement of Change Please return all correspondence co	of Registered Office/Agent and fee are submitted for filing. oncerning this matter to the following:				
	Celeste Perrino				
(Name of Contact Person)					
Bush Ross, P.A.					
	(Firm/Company)				
1801 North Highland Avenue					
•	(Address)				
Tampa, Florida 33602					
	(City/State and Zip Code)				
For further information concerning	this matter, please call:				
Celeste Perrino	at ( 813 ) 204-6425				
(Name of Contact Person)	(Area Code& Daytime Telephone Number)				
Enclosed is a \$35.00 check made p	avable 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 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporat	tion: <u>Tampa Bay Ba</u>	ptist Foundation, Inc.	
2. The principal office addr	ess: 1060 W. Busch	Blvd., Stc. 101, Tampa, FL 336	512-7707
3. The mailing address (if	different): 1060 W. Busch	Blvd., Ste. 101, Tampa, FL 336	12-7707
4. Date of incorporation/qu	alification:06/21/1974	Document number: 7	30032
5. The name and street add Florida Department of Si		gent and registered office on file	with the
	ffrey W. Warren		
22	0 S. Franklin Street		
T	emps, FL 33602		08
6. The name and street add (if changed):	lress of the new registered age	ent (if changed) and /or registered	d office
B	ish Ross Registered Agent S	ervices LLC	2
18	301 North Highland Avenue		
T;	ampa, Florida 33602	•	<u>`</u>
as changed will be identical	•	dress of the business office of its  y its board of directors or by an o	6
	tion has been notified in writing	ng of the change.	01/
	Dello	(Printed or typed name	
(Signature of an of	•	`	e and title)
I further agree to comply w of my duttes, and I am fam document is being filed me	iliar with and accept the obli- rely to reflect a change in the ed in writing of this change.	tes relative to the proper and co gation of my position as register e registered office address, I her	red agent. Of, tf this
If signing on behalf of an er	itity:	^ -	
Clest to	cris ica Prosu	io/It	
(Typed or Printed 1	Vame)		
	* * * FILING FEI	•	
	AAKE CHECKS DAVARI E TO ET OI	NICLIAND LINUX COLOR AND COLOR	

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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