

745954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TBROWN 6-9-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Beulah Baptist Association  
Name of Corporation

**DOCUMENT NUMBER:** 745954

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:

Jo Ann Kirby  
Name of Contact Person

Beulah Baptist Association  
Firm/Company

189 NW Cali Drive  
Address

Lake City, FL 32055  
City/State and Zip Code

office@loveandserve.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo Ann Kirby at ( 386 ) 752-2664  
Name of Contact Person Area Code & Daytime Telephone 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Beulah Baptist Association, Inc.
2. The principal office address: 189 NW Cali Drive  
Lake City, FL 32055
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/15/1979 Document number: 745954

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rev Andy Thomas (Resigned)

189 NW Cali Drive

Lake City, FL 32055

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rev Terry Elixson

2189 N W Cali Drive

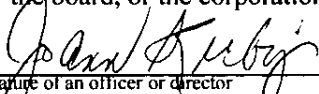
P.O. Box NOT acceptable

Lake City, FL 32055

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

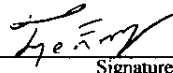
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jo Ann Kirby  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

5/31/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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