

752763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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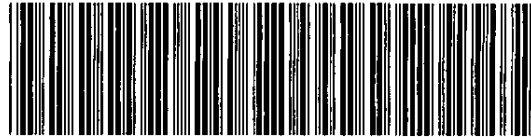
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A. Change

TB

6/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. John Institutional Missionary Baptist Church, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 752763

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:

Mrs. Delores Hills
(Name of Contact Person)

St. John Institutional Miss. Baptist Church
(Firm/Company)

P.O. Box 012315
(Address)

Miami FL 33101-2315
(City/State and Zip Code)

For further information concerning this matter, please call:

Delores Hills at (305) 372-3877
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: St. John Institutional Missionary Baptist Church, Inc.
2. The principal office address: 1328 NW 3 Avenue
Miami, FL 33136
3. The mailing address (if different): P.O. Box 012315
Miami, FL 33101-2315
4. Date of incorporation/qualification: 6/3/1980 Document number: 752763
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Rev. Henry Nevin
1328 NW 3 Ave
Miami, FL 33136

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

Attorney Cecily Robinson-Duffie
13899 Biscayne Blvd.
(P.O. Box NOT acceptable)
Miami, FL 33181

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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.

Franklin Clark
(Signature of an officer or director)

FRANKLIN CLARK - FINANCIAL SECRETARY
(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.

Cecily Robinson-Duffie
(Signature of Registered Agent)

6/5/08
(Date)

If signing on behalf of an entity:

Cecily Robinson-Duffie
(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