

768845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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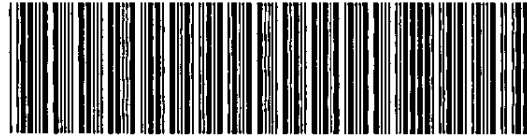
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Calvary Assembly of God, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 768845

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:

Lorna J. Schultz  
Name of Contact Person  
Calvary Assembly of God, Inc.  
Firm/Company  
P.O. Box 393  
Address  
Dade City, FL 33526  
City/State and Zip Code  
lorna.schultz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorna J. Schultz at 352 567-2038  
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: Calvary Assembly of God, Inc.  
2. The principal office address: 13544 U.S. Hwy 98 Bypass  
Dade City, FL 33525  
3. The mailing address (if different): P.O. Box 393  
Dade City, FL 33526-0393  
4. Date of incorporation/qualification: 6/9/1983 Document number: 768845  
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)

John B. Chesser, Jr.  
36725 Frazee Hill Rd.  
Dade City, FL 33523

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

Tom Rollins  
26120 Bayhead Rd.  
Dade City, FL 33523

P.O. Box NOT acceptable

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]  
Signature of an officer or director

LARRY L. miller  
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.

Tom Rollins  
Signature of Registered Agent

9/18/2013  
Date

If signing on behalf of an entity:

Tom Rollins  
Typed or Printed Name

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

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