

Requester's Name

Address

City/State/Zip

Phone #

32326

FILED  
01 OCT 18 PM 2:47  
SECRET  
TALL  
4662

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. The Rock Ministries - Crown Point, FL, Inc W000000004662  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)
- CP  
Change


☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

 Certified Copy

## Certificate of Status

## NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

## AMENDMENTS

- ☒ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

## OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign 6  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

600004642286--5  
-10/19/01--01001--009  
hip \*\*\*\*\*35.00 \*\*\*\*\*35.00

CR2E031(7/97)

Fam Wesley  
have RA zip code  
As 82399-1738

**Examiner's Initials**

10/18/01

# 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Rock Ministries - Crawfordville, Florida, Inc.
2. The mailing address of the corporation: 47 Shady Sea Street, Crawfordville, FL 32327
3. Date of incorporation/qualification: 7-14-00 Document number: 1100000004662
4. The name and address of the current registered agent and registered office:

Terrell Munge  
120 Spokane Trail  
Crawfordville, FL 32327

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
- Pamela C. Lesley  
4025 Bald Cypress Way, 3rd Floor  
Tallahassee, FL 32399-1738

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.

Calbert C. Lesley  
 (Signature of an officer, chairman or vice chairman of the board)

10/18/01  
 (Date)

Calbert C. Lesley, Elder  
 (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Pamela C. Lesley  
 (Signature of Registered Agent)

10/18/01  
 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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