NO1000002625



P.O. Box 3967

Holiday, FL 34690-3967

New Hope Baptist Church

of Holiday

We Meet In the Trinity Chapel 1121 U.S. Hwy. 19 - Holiday

> Terry W. McKenzie, Pastor 727-376-1531-Hm 727-372-2668-GH. FA-

Office Use Only

CURTURATION NAME(S) & DUCUMENT NUMBER(S), (if known):

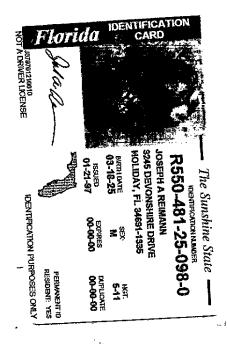
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Examiner's Initials

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 $\cite{FLORIDA}$
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: New Hope Baptist Church of Holday . Inc.
2. The mailing address of the corporation: POBot 3967
Holiday, Fl. 34690-3967
3. Date of incorporation/qualification: April 13,2001 Document number: NO100000Z6Z
4. The name and address of the current registered agent and registered office:
Jerold Picarl
1434Whitehall Lane
Holiday, Fl. 34691
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Joseph A Reimann
· 3245 Devonshire Drive
Holday, Fl. 34691-1335
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.
Terry W M = Kenzie (Signature Tan officer, chairman or vice chairman of the board) (Date)
(Signature Tan officer, chairman or vice chairman of the board) (Date)
TERRY W. MEKENZIE Charman of the board (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.
Object S
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***

for filing purposes only



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