

NO1000004002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

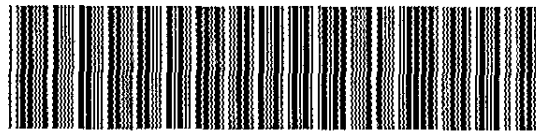
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600040158836

08/23/04--01018--014 **35.00

FILED
04 AUG 23 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-30

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrity Ministries of The Treasure Coast
(Name of corporation)

DOCUMENT NUMBER: NO 1000004002

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:

David Bailey
(Name of person)

Integrity Ministries of The Treasure Coast
(Name of firm/company)

33 B. ATLANTIC OAKS Circle
(Address)

St. Augustine FL 32080
(City/state and zip code)

For further information concerning this matter, please call:

David Bailey at (904) 471-4478
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Integrity Ministries of The Treasure Coast
2. The principal office address: 33 B. ATLANTIC OAKS Circle
St. Augustine FL 32080
3. The mailing address (if different): SAME as above

4. Date of incorporation/qualification: 6-4-01 Document number: 1000004000
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David Bailey
33 B. ATLANTIC OAKS Circle ^{old} 3229 SE FAIRMONT ST.
St. Augustine FL 32080 Stuart, FL 34997

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

SAME agent
33 B. ATLANTIC OAKS Circle
(P.O. Box or personal mailbox NOT acceptable)
St. Augustine, FL 32080

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.

David Bailey
(Signature of an officer or director)

David Bailey Pres.
(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.

David Bailey
(Signature of Registered Agent)

8-21-04
(Date)

If signing on behalf of an entity:

David Bailey
(Typed or Printed Name)

Pres.
(Capacity)

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