N01816

Requester's Name

Missionary Companion Ministries

P.O. Box 26237
Fayetteville, N.C. 28314

200008100592--6
-09/30/02--01050--004
*****35.00 *****35.00

Office Use Only

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

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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

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02 SEP 30 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RA/RD change

Examiner's Initials CA 10/3/02

CR2E031(7/97)

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: Missionary Companion Ministries, Inc.
2. The principal office address: 307 Halton Circle, Seffner, FL. 33584
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-7-84 Document number: N01816
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Don M. Rasmussen
2501 Lithia Pinecrest Rd.
Valrico, FL. 33594

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

James M. Akers
307 Halton Circle
(P.O. Box or personal mailbox **NOT** acceptable)
Seffner, FL. 33584

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.

Don M. Rasmussen
(Signature of an officer, chairman or vice chairman of the board)

Don M. Rasmussen, President
(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.

James M. Akers
(Signature of Registered Agent)

9/27/2002
(Date)

If signing on behalf of an entity:

_____ (Typed or Printed Name)

_____ (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314