N020000 6644

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Bethlehem Missionary Baptist Church of Titusville, Florida Inc. Name of Corporation
DOCUMENT NUMBER: N02000006644
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:
Willie Faison
Name of Contact Person
Bethlehem Missionary Baptist Church of Titusville, Florida Inc.
Firm/Company
811 Dummitt Avenue
Address
Titusville, Florida 32780
City/State and Zip Code
Bethlehem_church@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Willie Faison at (808) 389-5712 Name of Contact Person Area Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State a organized under the laws of the State of <mark>Flor</mark> a registered agent, or both, in the State of Flor	rida	
1. The name of	he comoration: Bethlehem Missio	onary Baptist Church of Titusville, Florida, Inc.	c.	
2. The principal	office address: 811 Dummitt Aven	nue Titusville, Florida 32780		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 8/29/2002	Document number: N020000066	544	
	I street address of the current registement of State: (If resigned, enter the state)	tered agent and registered office on file with tresigned)	he	
	Bernard C. Wright, Sr.			
	811 Dummitt Avenue			
	Titusville, Florida 32780		7020 J	
6. The name and (if changed):	l street address of the new registere	ed agent (if changed) and /or registered office	201211 JUN 24 PH 4: 42	
	Willie Faison		PH I	
	811 Dummitt Avenue		4:	
P.O. Box NOT acceptable				
	Titusville, Florida 32780			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re	gistered agent,	
		dopted by its board of directors or by an officen notified in writing of the change.	icer so	
Wille	e of an officer or director	Willie Fason Ch. Printed or typed name and title	arman of Trustaes	
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered ag	eent and agree to act in this capacity. Ill statutes relative to the proper and comple he obligation of my position as registered ag e in the registered office address, I hereby c		
William E		6/21/2020		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	ped or Printed Name			

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