

NO3000002290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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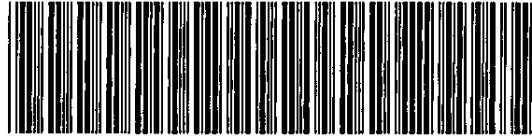
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Betesda Challenge Outreach Ministry Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO 300000 2290

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:

Luz E. Carrion - Rio S  
(Name of Contact Person)

The Betesda Challenge Outreach Ministry Inc.  
(Firm/Company)

3008 Parkway Boulevard Apt 304.  
(Address)

Kissimmee, FL 34747  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luz E Carrion at (407) 968-7076  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2007

LUZ E CARRION - RIOS  
3008 PARKWAY BLVD APT 304  
KISSIMMEE, FL 34747

SUBJECT: THE BETESDA CHALLENGE OUTREACH MINISTRY INC.  
Ref. Number: N03000002290

We have received your document for THE BETESDA CHALLENGE OUTREACH MINISTRY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 107A00004451

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

- 1. The name of the corporation: The Betesda Challenge Outreach Ministry, Inc.
- 2. The principal office address: 3008 Parkway Boulevard Apt. 304  
Kissimmee, FL 34747
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: NO3000002290

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ruben Rios  
3008 Parkway Blvd. Apt. 304  
Kissimmee, FL 34747

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

Luz E Carrion de Rios  
3008 Parkway Blvd. Apt. 304  
(P.O. Box NOT acceptable)  
Kissimmee, FL 34747

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.

[Signature]  
(Signature of an officer or director)

Luz E Carrion - Rios  
(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.*

[Signature]  
(Signature of Registered Agent)

1-30-07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

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