104000005af1

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		1
		}

Office Use Only



000284214930

04/11/16--01034--015 **35.00

2016 APR 11 P 2: 08



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GREATER FRIENDSHIP MISSIDNALY BAPTIST CHURCH OF FORT PIERCE, INC Name of Corporation

DOCUMENT NUMBER: NO40000 5297

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:

RALPH C MORLISON SR.
Name of Contact Person

GREATER FREENDSHIP MISSONARY BAPTIST CHURCH OF

300 South 33 rd STREET

FORT PLERCE FLORIDA 34947

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH C moleison se at (772) 216 6276

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

CR2E045 (03/12)

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

1. The name of	the corporation: GREATER FRIEND SHIP MISSONARY BAPTIST CHURCE OF PORT PIERLE, INC. 300 S 33 STREET PIERLE FL 34947 address (if different): SAME
ED L.T	T PIERLE FL 34947
3. The mailing a	address (if different): SAME
	poration/qualification: 05-26-2004 Document number: No 4 00 00 05 297
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	RUBIN JOHNSON
	3503 JUAN ORTIZ CIPCLE
	FORT PIERCE FL 34947
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	RALPH C MORRISON SR.
	732 SW MUNJACK CIR
	PORT SAINT LUCIE FLA 34986
The street addr	ess of its registered office and the street address of the business office of its registered agent.
authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer-so he board, or the corporation has been notified in writing of the change.
Dene	eros trune GENERETT FRINTE
I hereby accept	t the appointment as registered agent and agree to act in this capacity.
performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete of my dulies, and I am familiar with and accept the obligation of my position as regimered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Jallo	L Monto so 3/15/16 grature of Registered Agent 3/15/16
/ > 7519	gnature of Registered Agent Date

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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