

N04616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2017 APR 24 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA/R0/chg

APR 25 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Baymeadows Community Church

Name of Corporation

**DOCUMENT NUMBER:** N04616

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:

Susan D Hyde

Name of Contact Person

Baymeadows Community Church

Firm/Company

4900 Baymeadows Road

Address

Jacksonville, FL 32217

City/State and Zip Code

kennethwhyde@bellsouth.net

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

For further information concerning this matter, please call:

Susan Hyde

Name of Contact Person

at ( 904 ) 708-9724

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

April 5, 2017

SUSAN D. HYDE  
BAYMEADOWS COMMUNITY CHURCH  
4900 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217

SUBJECT: BAYMEADOWS COMMUNITY CHURCH, INC.  
Ref. Number: N04616

We have received your document for BAYMEADOWS COMMUNITY CHURCH, 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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 117A00006540

RECEIVED  
17 APR 24 PM 3:35  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Baymeadows Community Church
2. The principal office address: 4900 Baymeadows Road, Jacksonville, FL 32217
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/8/1984 Document number: N04616
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles Woodward - Resigned

10914 Horse Trail Drive

Jacksonville, FL 32257

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

Stanley Workman

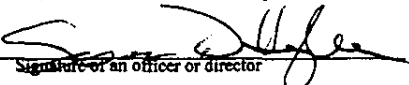
30 Vandermeer

P.O. Box NOT acceptable

Oakland, FL 34760

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 of an officer or director

Treasurer

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 of Registered Agent

4-12-17  
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  
CR2E045 (03/12)

**FILED**  
**2017 APR 24 PM 2:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**