

NO50000009645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

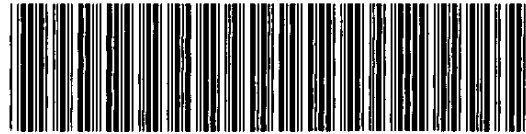
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 16 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOOTWASHER MINISTRIES INC.
(Name of Corporation)

DOCUMENT NUMBER: NO500000 9645

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:

CAROL CAPE
(Name of Contact Person)

FOOTWASHER MINISTRIES INC.
(Firm/Company)

427 LONG COVE ROAD
(Address)

ORMOND BEACH FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL CAPE at (386) 313-6449
(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

**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: FOOTWASHER MINISTRIES INC.
2. The principal office address: 427 LONG COVE RD ORMOND BEACH FL 32174 (NEW)
(OLD ADDRESS) 651 SW 158TH TERRANCE PEMBROKE PINES FL 33027
3. The mailing address (if different): _____
4. Date of incorporation/qualification: SEPT. 19, 2005 Document number: N 05000009645
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CAROL CAPE
651 SW 158TH TERRACE
PEMBROKE PINES FL 33027

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

CAROL CAPE
427 LONG COVE ROAD
(P.O. Box NOT acceptable)
ORMOND BEACH FLORIDA 32174

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TALLAHASSEE, FLORIDA

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, of the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

DR. DAVID J CAPE DIRECTOR
(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)

9 NOV 2007
(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 (8/05)