

NO5146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

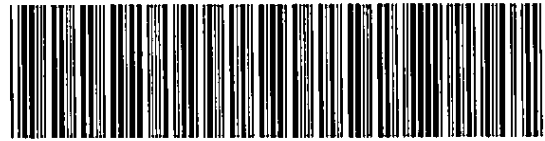
(Business Entity Name)

(Document Number)

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2019 APR 29 AH 10:56
MAY 10 2019

C. GOLDEN
MAY 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Faith Christian Fellowship of Lake County, Inc
Name of Corporation

DOCUMENT NUMBER: N 05146

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:

Beverly Myatt
Name of Contact Person

Faith Christian Fellowship of Lake County, Inc
Firm/Company

1951 Dora Avenue
Address

Tavares, FL 32778
City/State and Zip Code

fcflakecounty@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Myatt at (352) 223-6335
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Faith Christian Fellowship of Lake County, Inc.
2. The principal office address: 1951 Dora Avenue, Tavares, FL 32778

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/14/1984 Document number: N05146

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)

Margaret Schrock - resigned
31425 Anderson Dr
Tavares, FL 32778

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

Beverly L. Myatt
750 Mary Frank Ct
P.O. Box Not acceptable
Mount Dora, FL 32757

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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

F. David Spangler, President
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.

Beverly L. Myatt
Signature of Registered Agent

4/25/19
Date

If signing on behalf of an entity:

Beverly L. Myatt
Typed or Printed Name

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