N06000011796

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OFFICE OF

TRINKLE, REDMAN, SWANSON, COTON, DAVIS & SMITH, P.A.

ATTORNEYS AT LAW 121 NORTH COLLINS STREET P.O. BOX TT PLANT CITY, FLORIDA 33564-9040

JOHN R. TRINKLE (1901-1969) JAMES L. REDMAN (1932-2006) TELEPHONE (813) 752-6133 TELECOPIER (813) 754-8957 TITLE FAX (813) 719-2240

DANIEL M. COTON JAMES C. DAVIS, II KEITH C. SMITH CONRAD SWANSON ROBERT S. TRINKLE

Writer's e-mail: kcsmith@trinkle-law.com

Of Counsel: JOHN L. DICKS

March 5, 2009

Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

RE: James W. Smith Evangelistic Association, Inc.

Dear Sir:

Please find enclosed the Cover Letter and Statement of Change of Registered Agent, together with my firm check in the amount of \$35.00. Please file the documents and forward me a receipt for said filing.

If you have any questions, please do not hesitate to give me a call.

Very truly yours,

Kaith C Smith

KCS/psc Enclosure

cc: James W. Smith

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: James W. Smith Evangelistic Asso (Name of Corporati	ciation, Inc.			
DOCUMENT NUMBER: N06000011796				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the f	following:			
	•			
Keith C. Smith, Esq. (Name of Contact Person)				
(Name of Contact Per	rson)			
Trinkle, Redman, Swanson, Coto (Firm/Company)	on, Davis & Smith, PA			
(t mis company)	,			
121 North Collins Street (Address)				
Plant City, FL (City/State and Zip C	33566 Code)			
For further information concerning this matter, please call:				
Keith C. Smith at (Name of Contact Person)	813) 752-6133 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			

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of <mark>Flori</mark> t er to change its registered office or registered agent, or both, in the State of Florid	da		
1. The name of	the corporation: James W. Smith Evangelistic Association, Inc.			
2. The principal	I office address: 2429 Bethlehem Road			
Plant City,	, FL 33565			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/7/2006 Document number: N06000011	796		
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	:		
	Christopher H. Norman, Esq.			
	315 South Hyde Park Avenue	TASE	2009	
	Tampa, FL 33606	CRET	2009 MAR	7
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETARY OF	12	
	Keith C. Smith, Esq.	AZS A	AM =:	C
	121 North Collins Street	E E	9	
	(P.O. Box NOT acceptable)			
	Plant City, FL 33566			
The street addresses changed will	ess of its registered office and the street address of the business office of its reg l be identical.	istered :	agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offic he board, or the corporation has been notified in writing of the change.	er so	•	
Jamesy	ure of an orlicer or director) (Printed or typed name and title)			
I hereby accept I further agree to of my duties, an document is bei corporation has	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 and I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby con s been notified in writing of this change.	perfor nt. Or, nfirm th	mance if this at the	
Ke	Ignature of Registered Agent) 3/2/0 9 (Date)			
ردی If signing on be	ehalf of an entity:			
219	Type of an Drivated Manual			
(1	Typed or Printed Name)			

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