

N08000000 2931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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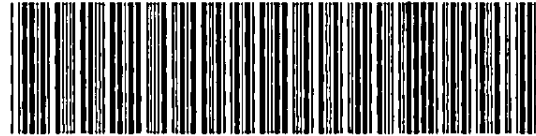
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Charitable Ministry Support, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N08000008931

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:

Cynthia McInvale

Name of Contact Person

Charitable Ministry Support, Inc

Firm/Company

1065 Rainer Drive

Address

Altamonte Springs, FL 32714

City/State and Zip Code

cynthia.mcinvale@zradio.org

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

For further information concerning this matter, please call:

Cynthia McInvale

Name of Contact Person

at ( 407 ) 869-8000

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

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**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: Charitable Ministry Support, Inc
2. The principal office address: C/O Z88.3, 1065 Rainer Drive  
Altamonte Springs, FL 32714
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/24/2008 Document number: N08000008931

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)

Hatcher, Stephen BESQ.

315 E Robinson Street, Suite 600

Orlando, FL 32801

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

Hoge, James S

1065 Rainer Drive

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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.

Cynthia B. McInvale  
Signature of an officer or director

Cynthia B McInvale, 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.*

James S Hoge  
Signature of Registered Agent

03/21/2019

Date

If signing on behalf of an entity:

James S Hoge

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  
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