

NO9000005710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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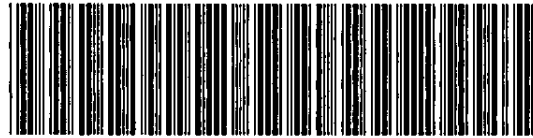
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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R.A.

FEB 13 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pentecostal Praise and Worship Center, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO9000005710

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:

Richard E. Borklund  
Name of Contact Person

Pentecostal Praise and Worship Center, Inc.  
Firm/Company

249 NE 525 AVE  
Address

Old Town FL 32680  
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard E. Borklund at (352) 542-2098  
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: Pentecostal Praise and Worship Center, Inc.
2. The principal office address: 249 NE 525 Ave Old Town Fl 32680
3. The mailing address (if different): P.O. Box 1842 Old Town Fl 32680
4. Date of incorporation/qualification: 6-10-2009 Document number: 1109000005710
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)

new agent →	<u>Richard E. Borklund</u>	<u>Old agent</u>
	<u>249 NE 525 Ave</u>	<u>Calvin G. Conner Jr</u>
	<u>Old Town Fl 32680</u>	<u>1025 NE 642 St Old Town Fl 32680</u>

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

Richard E. Borklund  
249 NE 525 Ave  
P.O. Box NOT acceptable  
Old Town Fl 32680

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.

Richard E. Borklund  
Signature of an officer or director

Richard E. Borklund / registered agent  
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.*

Richard E. Borklund  
Signature of Registered Agent

2/7/13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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