

N100000000776

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2014

JEAN ROBERT DORCENE
BETHESDA CHURCH OF GOD
6692 FIRESTONE ROAD
JACKSONVILLE, FL 32244

Ref. Number: N0000000776

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 414A00013193



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2014

JEAN ROBERT DORCENE
BETHESDA CHURCH OF GOD
6692 FIRESTONE ROAD
JACKSONVILLE, FL 32244

Ref. Number: N0000000776

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Cathy A Carrothers
Regulatory Specialist

Letter Number: 414A00013193

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bethesda Church Of God, INC

Name of Corporation

DOCUMENT NUMBER: N10000000776

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:

JEAN ROBERT DORCENE

Name of Contact Person

BETHESDA CHURCH OF GOD

Firm/Company

6692 FIRESTONE ROAD

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

eglise.bethesda@yahoo.com

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

For further information concerning this matter, please call:

JEAN R DORCENE

Name of Contact Person

at (**904**) **434-4380**

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: BETHESDA CHURCH OF GOD
2. The principal office address: 6692 FIRESTONE RD.
JACKSONVILLE FLA. 32244
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/29/2014 Document number: N10000000776
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)
JEAN R DORCENE
273 FORT MILTON DRIVE
JACKSONVILLE FLA. 32220

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

Jean R Dorcene
6692 Firestone Rd.
P.O. Box NOT acceptable
Jacksonville, FL 32244

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 of an officer or director

JEAN R DORCENE 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, hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

MAY 27 2014

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 (03/12)