

N10000002749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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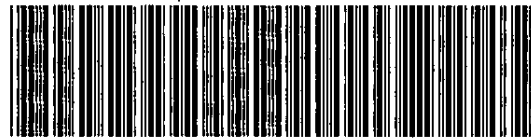
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE FL 32304

APCH
7/15/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Calvary Fellowship in Treasure Coast
Name of Corporation

DOCUMENT NUMBER: N10000002749

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:

SCOTT CASTEEL
Name of Contact Person

CALVARY FELLOWSHIP IN TREASURE COAST
Firm/Company

2631 SW CANEO BLVD
Address

PORT SAINT LUCIE FL 34953
City/State and Zip Code

SCOTT@CAUSEANDFX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT CASTEEL at 561 252-5954
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Calvary Fellowship in Treasure Coast, Inc
2. The principal office address: 2631 SW CANEBO BLVD
PORT SAINT LUCIE FL 34958
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 110000002749

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)

JEREMIE BARBER
652 NW FAIRHAVEN DR
PORT SAINT LUCIE FL 34983

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

JOSE RAMOS JR
12311 164TH CT. N.
P.O. Box NOT acceptable
JUPITER, FL 33478

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

SCOTT CASTEEL
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.

[Signature]
Signature of Registered Agent

6/24/10
Date

If signing on behalf of an entity:

JOSE RAMOS JR.
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

FILED
10 JUL 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA