

211 000 10699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

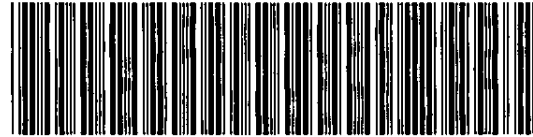
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R. White  
OCT 23 2013  
R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: First Ministries, Inc.  
Name of Corporation

DOCUMENT NUMBER: N11000010699

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:

Rev. Dr. Barbara F. Brice  
Name of Contact Person

First Ministries, Inc.  
Firm/Company

7235 Bonneval Rd Suite 103  
Address

Jacksonville, FL 32256  
City/State and Zip Code

barbarabrice@firstministries.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Dr. Barbara F. Brice at ( 904 ) 631-5384  
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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Ministries, Inc.
2. The principal office address: 7235 Bonneval Rd, Suite 103  
Jacksonville, FL 32256
3. The mailing address (if different): same
4. Date of incorporation/qualification: 11-16-11 Document number: N11000010699
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)

Rev Dr Barbara F Brice  
118 E Monroe St  
Jacksonville, FL 32202

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

Rev Dr. Barbara F Brice  
7235 Bonneval Rd Suite 103  
Jacksonville, FL 32256

P.O. Box NOT acceptable

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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.

Barbara F Brice  
Signature of an officer or director

Barbara F. Brice President  
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.*

Barbara F Brice  
Signature of Registered Agent

10-3-13  
Date

If signing on behalf of an entity:

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

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