

N13000000087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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R.A.

FEB 19 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central New Testament Church of God Inc.
Name of Corporation

DOCUMENT NUMBER: N13000000087

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:

Lynett Stewart
Name of Contact Person

Central New Testament Church of God Inc.
Firm/Company

941 Yellow Rose Drive
Address

Orlando, Florida 32818
City/State and Zip Code

lynestew@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynett Stewart at (407) 578-2796
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: Central New Testament Church Of God Inc.
2. The principal office address: 4425 North Powers Drive Orlando, Florida 32818
3. The mailing address (if different): 941 Yellow Rose Drive Orlando, Florida 32818
4. Date of incorporation/qualification: 02/06/2013 Document number: N13000000087
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)

Resigned

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

Jacquelyn Stephenson- Mick

7025 Ashbrook Lane Orlando, Florida 32818

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.

Lynett Stewart Pres.
Signature of an officer or director

Lynett Stewart- 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.

x J. Mick
Signature of Registered Agent

02/06/2013

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)