

N13000002142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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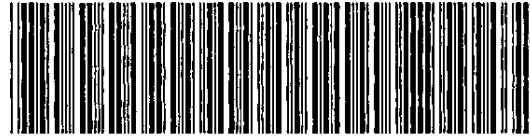
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
13 SEP 12 PM 3:45

SEP 20 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANOINTED PRAYER PARTNERS MINISTRY, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

CATHERINE DIXON

Name of Contact Person

ANOINTED PRAYER PARTNERS MINISTRY, INC.

Firm/Company

1419 RIDGE AVE

Address

CLEARWATER FL 33755

City/State and Zip Code

cathydixon1@verizon.net

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

For further information concerning this matter, please call:

CATHY DIXON

Name of Contact Person

at (**727**) **455-0103**

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: ANOINTED PRAYER PARTNERS MINISTRY, INC.
2. The principal office address: 1419 RIDGE AVE, CLEARWATER FL 33755

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/04/2013 Document number: N13000002142

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)

LARRY AKINS

1506 BARBARA AVENUE

CLEARWATER FL 33755

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

CATHERINE DIXON

1419 RIDGE AVENUE

P.O. Box NOT acceptable

CLEARWATER FL 33755

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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.

Catherine Dixon
Signature of an officer or director

CATHERINE DIXON 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.

Catherine Dixon
Signature of Registered Agent

SEPTEMBER 09, 2013

Date

If signing on behalf of an entity:

CATHERINE DIXON

Typed or Printed Name

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