

N15000010510

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mt. Charity Baptist Church, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** W15000010510

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:

Joanne Walker  
Name of Contact Person  
Mt. Charity Baptist  
Firm/Company  
P.O. Box 370  
Address  
Hiwahas, Florida 32046  
City/State and Zip Code  
jwalker1@windsream.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Walker at ( 904 ) 845-4368  
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: Mt. Charity Baptist Church, Inc.
- 2. The principal office address: 552042 U S Hwy 1  
Hilliard, Florida 32046
- 3. The mailing address (if different): P.O. Box 370  
Hilliard, Florida 32046
- 4. Date of incorporation/qualification: 10-27-15 Document number: N 15088010510
- 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)

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

Mt. Charity Baptist Church / JOANNE WALKER  
28135 Ramble Lane  
P.O. Box NOT acceptable  
Hilliard, Florida 32046

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.

Joanne Walker  
Signature of an officer or director

JOANNE Walker  
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.*

Joanne Walker  
Signature of Registered Agent

07-01-16  
Date

If signing on behalf of an entity:  
JOANNE Walker  
Typed or Printed Name

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