

N16000006464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

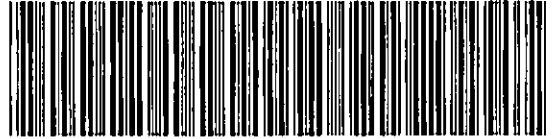
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400360498374

02/19/21--01021--011 \*\*35.00

FILED  
2021 FEB 19 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Path Community Church, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N16000006464

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:

Christine A Polson

Name of Contact Person

New Path Community Church

Firm/Company

Box 456, 5447 Haines Road North

Address

Saint Petersburg, FL 33714

City/State and Zip Code

newpathcc2016@gmail.com

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

For further information concerning this matter, please call:

Christine A Polson

Name of Contact Person

at (727) 415-2999

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: New Path Community Church, Inc
2. The principal office address: 4682 40th Avenue North, Saint Petersburg, FL 33714
3. The mailing address (if different): Box 456, 5447 Haines Road North, Saint Petersburg, FL 33714
4. Date of incorporation/qualification: 06/20/2016 Document number: N16000006464
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)

Shannon Walker

10698 Lake Seminole Terrace

Seminole, FL 33772

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

Christine A Polson

1972 Lansing Drive

P.O. Box NOT acceptable

Clearwater, FL 33763

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.

William E. Prasso  
Signature of an officer or director

William F Losasso

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.*

Christine A. Polson  
Signature of Registered Agent

2/16/2016  
Date

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 (04/13)