

NI7000010829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

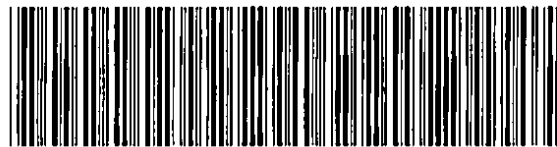
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. MARK AFRICAN METHODIST EPISCOPAL CHURCH, INC OF
Name of Corporation DAVENPORT FL

DOCUMENT NUMBER: N17000010829

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:

GWENDOLYN WALKER, REV, Title: PCD/Pastor
Name of Contact Person

ST MARK AME Church Davenport
Firm/Company

PO BOX 560
Address

Davenport FL 33836
City/State and Zip Code

Stmarkamechurchdavenport6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Gwendolyn Walker at (516) 362-6556
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
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: St Mark African Methodist Episcopal Church, Inc of Davenport FL
2. The principal office address: 720 42nd Street
Davenport, FL 33836
3. The mailing address (if different): P O Box 560
4. Date of incorporation/qualification: 10/27/2017 Document number: N17000010829
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)

Fleming, Kimberly S, Rev PCD (Reassigned)
720 42nd Street
Davenport, FL 33836

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

Walker, Gwendolyn B. Rev. PCD
720 42nd Street
Davenport, FL 33836

P.O. Box NOT acceptable

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.

Astorline Smith Rev.
Signature of an officer or director

VCD
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.

Gwendolyn B Walker
Signature of Registered Agent

October 12 2023
Date

If signing on behalf of an entity:

St Mark African Methodist Episcopal Church, Inc. Davenport FL
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)