

N19 0000 11910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

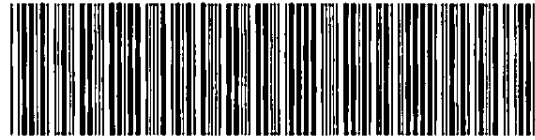
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/26/22--01023--022 **35.00

2022 State of Tennessee



CHRIST'S FAMILY

Christian Church

7461 S Suncoast Boulevard

Homosassa, FL 34446

Phone: 352-436-8808

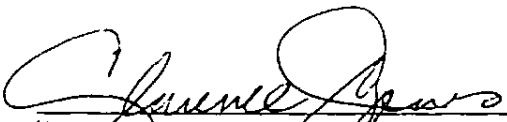
Email: Info@cfcc.church

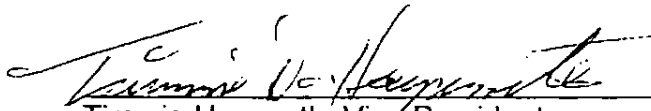
CORPORATE RESOLUTION

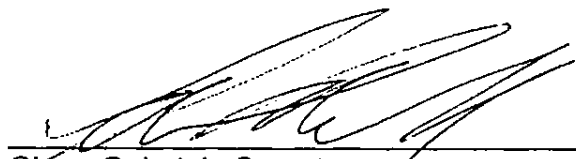
A meeting of directors was held at 7461 S. Suncoast Blvd, Homosassa, FL 34446 on September 19, 2022 at 10:00a.m.

RESOLVED, that Michael E. Gearhart is appointed the Registered Agent for Christ's Family Christian Church Inc. until their successor shall be duly appointed, unless he resigns, is removed from this position by this (or succeeding) Board of Directors, or is otherwise disqualified from serving as Registered Agent of this corporation, to take their respective position immediately upon appointment.

It is hereby certified by the undersigned officers that the foregoing resolution was duly passed by the Board of Directors of the corporation on this the 19th day of September, 2022 and that said resolution has been duly recorded in the book of minutes and is in full force and effect.


Clarence Jones, President


Timmie Hayworth, Vice President


Glenn Gniadek, Secretary

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHRIST'S FAMILY CHRISTIAN CHURCH INC.
Name of Corporation

DOCUMENT NUMBER: N19000011910

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:

MICHAEL E. GEARHART
Name of Contact Person
CHRIST'S FAMILY CHRISTIAN CHURCH INC.
Firm/Company
7461 S. SUNCOAST BLVD
Address
HOMOSASSA, FL 34446
City/State and Zip Code
MIKE@CFCC.CHURCH
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL GEARHART at (352) 613-6294
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHRIST'S FAMILY CHRISTIAN CHURCH INC.
2. The principal office address: 7461 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/2019 Document number: N19000011910
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)

GRAHAM, NATHAN W.

10051 COUNTRY ROAD

WEEKI WACHEE, FL 34613

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

MICHAEL E. GEARHART

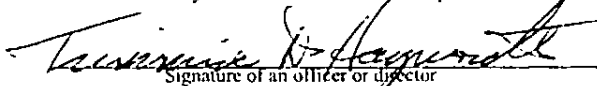
7461 S. SUNCOAST BLVD

P.O. Box NOT acceptable

HOMOSASSA, FL 34446

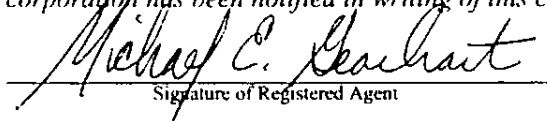
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Timmie D. Hayworth
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.


Signature of Registered Agent

SEPTEMBER 19, 2019

Date

If signing on behalf of an entity:

MICHAEL E. GEARHART
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