121424

(Requestor's Name)				
	ldress)			
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(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: OLIVE AFRICAN METHODIST EPISCOPAL CHURC Name of Corporation				
DOCUMENT NUMBER: N21424	******			
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:				
HELEN BOWENS Name of Contact Person				
Name of Contact Person				
OUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURC				
Firm/Company				
600 JONES STREET				
Address				
CLEARWATER, FL 33755				
City/State and Zip Code				
godgranny@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Helen Bowens at 727 HH3-2142 Name of Contact Person Area Code & Daytime Telephone Number				
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 Street Address: Amendment Sect Division of Corporations	··· =			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.03 ange is submitted for a corporation orgo er to change its registered office or regi	anized under the laws of the State of	· <u>Florida</u>
	the corporation: MOUNT OLIVE		EPISCOPAL CHUP
	office address: 600 JONES STRE	El	
CLEARW	ATER, FL. 33755		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: MAY 3, 20	Document number:	N21424
	d street address of the current registered rtment of State: (If resigned, enter resigned)		vith the
	REV. LA'TANYA WARREN FL	OYD - RESIGNED	
	600 JONES STREET	·	
	CLEARWATER, FL 33755		_
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered o	<u> </u>
	REV. JAMES V. WILLIAMS		VISION OF CO
	600 JONES STREET		6F C
	P.O. Box N	NOT acceptable	
	CLEARWATER, FL 33755		A REPORT
as changed wil			_ ₆ ,
authorized by t	as authorized by resolution duly adop the board, or the corporation has been	notified in writing of the change.	in officer so
Signati	ure of an officer or director	Printed or typed name and	title
I further agree of my duties, a document is be	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the o ing filed merely to reflect a change in is been notified in writing of this chang	tatutes relative to the proper and co bligation of my position as register the registered office address. I her	omplete performance red agent. Or, if this reby confirm that the
Jan	V. Willi	JANUARY 11,	2012
	gnature of Registefed Agent ehalf of an entity:	Date	
	Typed or Printed Name		
	* * * FILING 1	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314