

N 22707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

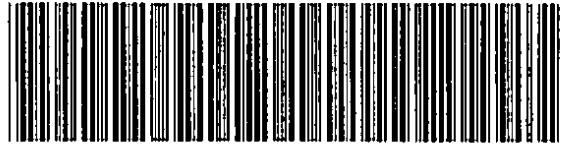
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100376436491

11-15-21 -01011--014 **31.01

2021 NOV 15 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Ra Chang

DEC 08 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kathleen Baptist Church Child Enrichment Center, INC
Name of Corporation

DOCUMENT NUMBER: N22707

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:

Lisa Ball

Name of Contact Person

Kathleen Baptist Church Child Enrichment Center, Inc

Firm/Company

3939 2nd Street NW

Address

Lakeland, FL 33810

City/State and Zip Code

lball@kathleenbaptist.com

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

For further information concerning this matter, please call:

Lisa Ball

Name of Contact Person

at (863) 858-3836

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

2021 NOV 15 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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: Kathleen Baptist Church Child Enrichment Center

2. The principal office address: 3939 2nd Street NW Lakeland, FL 33810

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/28/1987 Document number: N22707

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)

Tommy Pollock (Deceased)
5321 N Galloway Road
Lakeland, FL 33810

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

Greg Schirm
8034 Magnolia Ridge Drive
Lakeland, FL 33810
P.O. Box NOT acceptable

2021 NOV 15 PM 2:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Jacquelyn Caruthers
Signature of an officer or director

Jacquelyn Caruthers
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.

G. A. Schirm
Signature of Registered Agent

11/7/21
Date

If signing on behalf of an entity:

Greg A. Schirm
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