

N24446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

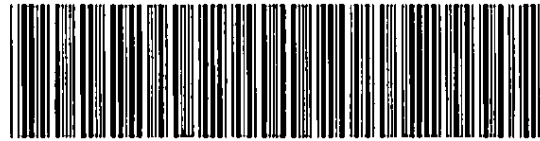
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SECRETARY OF STATE
STANDARD FILING
TALLAHASSEE, FL

2021 APR -1 AM 9:25

[Handwritten signature]

4/124/121



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2021

CLARA BEAN
922 E. MCDONALD AVE
EUSTIS, FL 32726

SUBJECT: HEALING WATERS WORLD OUTREACH MINISTRIES, INC.
Ref. Number: N24446

We have received your document for HEALING WATERS WORLD OUTREACH MINISTRIES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 921A00005212

RECEIVED

2021 APR -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALING WATERS WORLD OUTREACH MINISTRIES, INC.
Name of Corporation

DOCUMENT NUMBER: N24446

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:

CLARA BEAN

Name of Contact Person

HEALING WATERS WORLD OUTREACH MINISTRIES, INC.

Firm/Company

922 E. MCDONALD AVENUE

Address

EUSTIS, FLORIDA 32726

City/State and Zip Code

clara_bean@yahoo.com

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

For further information concerning this matter, please call:

CLARA BEAN

Name of Contact Person

at (352)

408-7582

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: HEALING WATERS WORLD OUTREACH MINISTRIES, INC.
2. The principal office address: 922 E. MCDONALD AVENUE,
EUSTIS, FLORIDA 32726
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/21/1988 Document number: N24446
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)

JOHNNIE M. MANNING

922 E. MCDONALD AVENUE

EUSTIS, FLORIDA 32726

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

LEVON HILL-JONES

1799 N. 19A APT. L1

P.O. Box NOT acceptable

EUSTIS, FLORIDA 32726

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.

Pastor Bobbie Stiver
Signature of an officer or director

Bobbie Stiver
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.

Levon Hill-Jones
Signature of Registered Agent

1/15/2021
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)