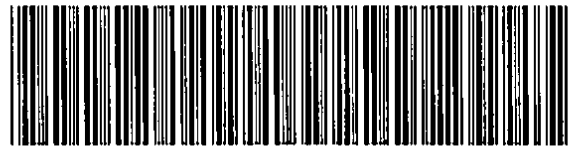


N30692



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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 07 2019
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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Mount Olive Primitive Baptist Church of St. Petersburg
Name of Corporation FL, Inc.

DOCUMENT NUMBER: N 30692

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:

Janie H. Williams
Name of Contact Person

New Mount Olive Primitive Baptist Church of St.
Firm/Company Petersburg, Inc.

3001 18th Avenue South
Address

St. Petersburg, FL 33712
City/State and Zip Code

Kneebaby44@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janie H. Williams at (727) 327-4667
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: New Mount Olive Primitive Baptist Church of
2. The principal office address: 3001 18th Avenue South St Petersburg FL
St. Petersburg FL 33712

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/14/1989 Document number: N 30692

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)

Odell Robinson
5573 Highland St S
St. Petersburg FL 33705

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

Gene Crawford
1742 S Lake Avenue
Clearwater FL 33756

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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.

Janie H. Williams
Signature of an officer or director

Janie H. Williams, Secretary
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.

Gene Crawford
Signature of Registered Agent

05/26/2019
Date

If signing on behalf of an entity:

Gene Crawford
Typed or Printed Name

*** FILING FEE: \$35.00 ***