

N37182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

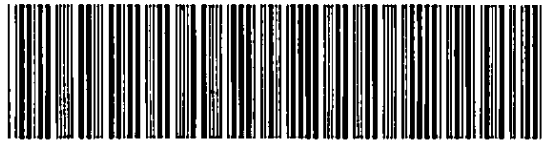
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300336717333

11/18/18--01031--003 **35.00

2018/11/18 PM 4:34

R. WHITE

DEC 12 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Prisoners of Christ

Name of Corporation

DOCUMENT NUMBER: 593004784

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:

Jeffrey R. Witt

Name of Contact Person

Prisoners of Christ

Firm/Company

6940 Atlantic Blvd.

Address

Jacksonville Fl. 32211

City/State and Zip Code

president@pocjax.org

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

For further information concerning this matter, please call:

Jeffrey R. Witt

Name of Contact Person

at (904) 358 8866

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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Prisoners of Christ

2. The principal office address: 6940 Atlantic Blvd Jacksonville FL 32211

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1990 Document number: FIEN 593004784

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)

Lawson, Alec

6940 Atlantic Blvd. Jacksonville FL 32211

Resigned as interim

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

Jeffrey R. Witt

6940 Atlantic Blvd. Jacksonville FL 32211

P.O. Box NOT acceptable

2019 JUN 18 PM 4:34

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.

Frank W. Pearce Jr.
Signature of an officer or director

FRANK W. PEARCE JR
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]
Signature of Registered Agent

11/10/19
Date

If signing on behalf of an entity:

Jeffrey R. Witt
Typed or Printed Name

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