

N40016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

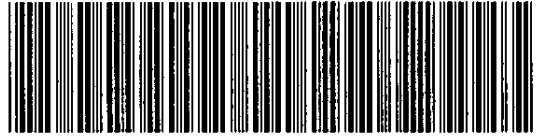
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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04/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW BETHANY BAPTIST MISSION
Name of Corporation

DOCUMENT NUMBER: N 40016

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:

REV. EDUARD D. LEGRAND
Name of Contact Person

NEW BETHANY BAPTIST MISSION, INC
Firm/Company

201 E. SHERIDAN STREET
Address

DANIA BCH, FL 33004
City/State and Zip Code

SAULETSERVE1@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARD LEGRAND at (954) 266 9339
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEW BETHANY BAPTIST MISSION
2. The principal office address: 201 E. SHERIDAN STREET
DANIA BCH, FL 33004
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 09/06/1990 Document number: N40016
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)

(Home) DEVIL LEGRAND
19090 NW 7 AVE
MIAMI, FL 33169

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

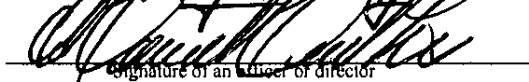
EDWARD D. LEGRAND
201 E. SHERIDAN ST
DANIA BEACH, FL 33004

P.O. Box NOT acceptable

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TALLAHASSEE FLORIDA

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.


Signature of an officer or director

EDMUNDE W. WATKINS
Printed or typed name and title
DIRECTOR

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 of registered agent

07/11/09
Date

If signing on behalf of an entity:

EDWARD D. LEGRAND
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