

N 46907

Requestor's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATE NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

99 JUL - 1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-05/21/99--01080--008
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RdA Change
7-1-99
BKS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 28, 1999

DR. TERRY D. JONES
PARADISE ISLAND TOWER, APT.110
10355 PARADISE BOULEVARD
TREASURE ISLAND, FL 33706

SUBJECT: TAMPA BAY FELLOWSHIP, INC.
Ref. Number: N46907

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TAMPA BAY FELLOWSHIP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY 1 PERSON CAN SERVE AS REGESTIRED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitler
Document Specialist

Letter Number: 499A00029635

RECEIVED
99 JUL -1 AM 8:50
DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. The name of the corporation is: TAMPA BAY FELLOWSHIP, INC.
2. The mailing address of the corporation is: PARADISE YCL AND TOWER, Ap. 110, 10355 PARADISE BLVD., TREASURE ISLAND, FL 33706
3. Date of incorporation/qualification: 1-17-92 Document number: N46907
4. The name and address of the current registered agent and office: KARSTEN PETRI
7326 SUNSHINE CIRCLE
TAMPA, FL 33634
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Sylvia Jones
Paradise Island Tower, Ap. 110, 10355 PARADISE BLVD.,
Treasure Island, FL 33706

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Charles T. Robinson Jr., VICE CHAIRMAN
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

STATEMENT OF STATE
TALLAHASSEE, FLORIDA

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