

N93000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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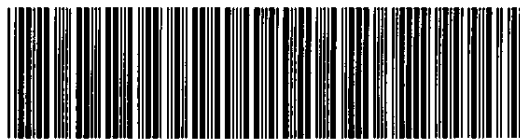
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WARREN P. AND JOANNE C. POWERS CHARITABLE  
Name of Corporation FOUNDATION, INC.

**DOCUMENT NUMBER:** N93000000040

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:

NANCY M. POWERS  
Name of Contact Person

WARREN P. AND JOANNE C. POWERS CHARITABLE  
Firm/Company FOUNDATION, INC.

1050 TALLEYRAND AVE.  
Address

JACKSONVILLE, FL 32206  
City/State and Zip Code

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

For further information concerning this matter, please call:

NANCY M. POWERS at ( 904 ) 353-5353  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
11 DEC 16 PM 8:39  
STATE  
FLORIDA  
TALLAHASSEE

**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: WARREN P AND JOANNE C POWERS CHARITABLE FOUNDATION, INC.
2. The principal office address: 1050 TALLEYRAND AVE  
JACKSONVILLE, FLORIDA 32206
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 12/30/92 Document number: N930000000040
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)

WARREN P. POWERS  
1050 TALLEYRAND AVE  
JACKSONVILLE, FL 32206

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

NANCY M. POWERS  
1050 TALLEYRAND AVE  
JACKSONVILLE, FL 32206

P.O. Box NOT acceptable

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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.

Warren Powers  
Signature of an officer or director

WARREN P. POWERS  
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.

Nancy M. Powers  
Signature of Registered Agent

12/12/11  
Date

If signing on behalf of an entity:

Warren Powers  
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