

N93000002603

JOHN J WAGNER
10201 NW 24th CT.
Pembroke Pines, FL 33026

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

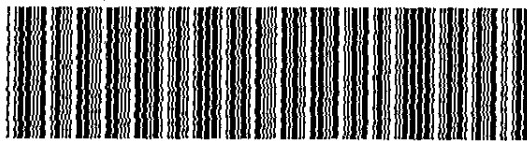
(Document Number)

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RO/change
(1a) 6/27/03



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05/05/03--01091--017 **35.00

FILED
03 JUN 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 12, 2003

JOHN J. WAGNER
10201 NW 24TH CT.
PEMBROKE PINES, FL 33026

SUBJECT: JOHN J. WAGNER MINISTRIES, INC.
Ref. Number: N93000002603

FILED
03 JUN 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JOHN J. WAGNER MINISTRIES, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 003A00029131

**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: John J. WAGNER Ministries Inc

2. The principal office address: 10201 NW 24th CT.
Pembroke Pines, FL 33026

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/03/93 Document number: N 93000002603

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

John J. WAGNER
5750 SW 109 AVE.
FT. LAUD FL 33328

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

John J. Wagner
10201 NW 24th CT.

(P.O. Box or personal mailbox NOT acceptable)

Pembroke Pines FL 33026

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, chairman or vice chairman of the board)

John J. WAGNER, PRES
(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, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

6/20/03
(Date)

If signing on behalf of an entity:

John J. WAGNER
(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA