## Nº950000000754

(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		-
	····	

Office Use Only



500162305965

10/30/03--01017--007 \*\*35.00

RA lochy

DIVISION OF CURPORALIST

Egos s o volvistacions

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Shockley Springs Baptist Church (Name of Corporation)			
DOCUMENT NUMBER: 59-3470948			
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:			
Vanus L. Worley (Name of Contact Person)			
Shockley Springs Baptist Church			
6935 Old River Rd. (Address)			
Baker, Fl. 3253/			
(Only Build and 21p Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at ( ) (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  Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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: Shockley Springs Baptist Church, INC.
2. The principal office address: 6935 61d River Rd.
Baker, Fl. 32531
3. The mailing address (if different): 6935 Old River Rd.
Baker, F1. 32531
4. Date of incorporation/qualification: 2/13/1995 Document number: N95000000754
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Meda Trent
6360 Bill Lundy Rd.
Laurel Hill, Fl. 32567
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Vanus L. Worley
6935 Old River Rd.  (P.O. Box NOT acceptable)
Baker, F1. 32531
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.
Dixe I Langston Dixie I Langston Church Clerk (Signature of an officer or 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 April) (Date)
If signing on behalf of an entity:
Vanus L. Worley (Typed or Printed Name)

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

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