N9500001084

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



01/05/04--01024--011 **35.00

FILED 04 JAN -5 AM II: 24 SECRETARY OF STATE ALLAMASSIE FLORIDA

RA change

T BROWN JAN 1 2 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VISION BAPTIST CHURCH OF JACKSONVILLE, INC. (Name of corporation)

DOCUMENT NUMBER: N95000001084

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:

JOSEPH E. BAILEY

(Name of person)

VISION BAPTIST CHURCH OF JACKSONVILLE, INC.

(Name of firm/company)

8973 LEM TURNER ROAD

(Address)

JACKSONVILLE, FL 32208

(City/state and zip code)

For further information concerning this matter, please call:

JOSEPH E. BAILEY at (904) 705-5965 (Name of person) (Area code & daytime telephone number)

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

. . . .

CR2E045(09/03)

- ----

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, Flor ida Statutes, this statement of **FLORIDA** change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VISION BAPTIST CHURCH OF JACKSONVILLE, INC.

2. The principal office address: 8973 LEM TURNER ROAD

JACKSONVILLE, FLORIDA 32219

3. The mailing address (if different):

4. Date of incorporation/qualification: MARCH 6, 1995 _Document number: <u>N95000001084</u>

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

KEVIN L. LEWIS

9746 DEVONSHIRE BOULEVARD

JACKSONVILLE, FLORIDA 32208

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

JOSEPH E. BAILEY

7060 BISHOP HATCHER DRIVE W

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

JACKSONVILLE, FLORIDA 32219

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.

or director

KEVIN L. LEWIS, PRESIDENT (Printed or typed name and title) PHULEL

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.

ature of Registered Agen

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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