

N 9500003679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

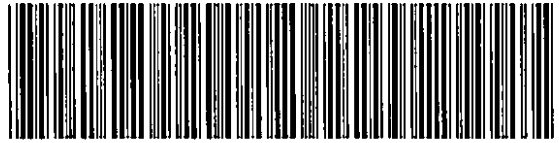
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2018 JUL 16 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN
JUL 18 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Washington County Christian School
Name of Corporation

DOCUMENT NUMBER: N95000003679

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:

Debbie Moore, Administrator
Name of Contact Person

Washington County Christian School
Firm/Company

1405 Brickyard Road
Address

Chipley, FL 32428
City/State and Zip Code

wccslions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Moore, Administrator at (850) 638-9227
Name of Contact Person 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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2018

DEBBIE MOORE
1405 BRICKYARD ROAD
CHIPLEY, FL 32428

SUBJECT: WASHINGTON COUNTY CHRISTIAN SCHOOL, INC.
Ref. Number: N95000003679

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Note due There is a balance due of ~~\$52.50~~. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

Done Please remove "ADMINISTRATOR" from the registered agents name and signature.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 918A00013864

RECEIVED
7/13/18
18 JUL 16 PM 3:33
SECRETARY OF
TALLAHASSEE
Conversation with Ms. Golden

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: Washington County Christian School, INC.

2. The principal office address: 1405 Brickyard Road Chipley, FL 32428

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 08/01/95 Document number: N95000003679

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)

Jason Haddock, (resigned)

1585 South Blvd.

Chipley, FL 32428

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

Debbie Moore

5018 Highway 77

P.O. Box NOT acceptable

Graceville, FL 32440

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2018 JUL 16 PM 1:19

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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.

Eddie Beckworth Signature of an officer or director

Eddie Beckworth, President 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.

Debbie Moore Signature of Registered Agent

06/28/18 Date

If signing on behalf of an entity:

Debbie Moore 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