

N96000000317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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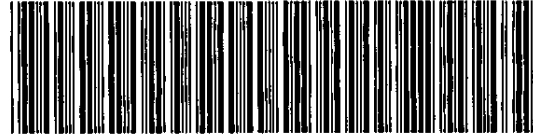
(Business Entity Name)

(Document Number)

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JUL 27 2016

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRYSTAL COVE COMMUNITY CHURCH
Name of Corporation

DOCUMENT NUMBER: N96000000317

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:

TOM M. SMoyer
Name of Contact Person

CRYSTAL COVE COMMUNITY CHURCH
Firm/Company

6900 COUNTY RD 95
Address

PALM HARBOR, FL 34684
City/State and Zip Code

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

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

TOM M. SMoyer at (727) 823-8726
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

**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: CRYSTAL COVE COMMUNITY CHURCH
2. The principal office address: 6900 COUNTY RD 95
PALM HARBOR, FLORIDA 34684
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/19/1996 Document number: N96000000317
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)

BENDORF, KYLE PASTOR
29778 SEACOL ST.
CLEARWATER, FLORIDA 33761

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

SMOYER, TOM ELDER
3130 JACKSON ST. N.
P.O. Box NOT acceptable
ST. PETERSBURG, FL 33704

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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.

Tom M. Smoyer
Signature of an officer or director

Tom M. Smoyer, ELDER
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.

Tom M. Smoyer
Signature of Registered Agent

July 12, 2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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