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C. CARROTHERS



COVERLETTER

TO:

Amendment Section Division of Corporations

SUBJECT: THE FATHER'S HOUSE CHRISTIAN CENTER, INC.

Name of Corporation

DOCUMENT NUMBER, N960000029

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:

Terry Mahan Name of Contact Person The Father's House Christian Center, Inc. Firm/Company 2301 South Street Address

Leesburg, FL 34748

City/State and Zip Code

pastorterry@thefathershouse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Mahan <u>at (352)315-1815</u>

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

statement of ch	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of <mark>Floric</mark> or registered agent, or both, in the State of Floric	da
1. The name of	the corporation: The Father'	s House Christian Center, Inc.	
2. The principa	l office address: 2301 South	Street, Leesburg, FL 34748	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: May 3	1, 1996 Document number: N960000	02958
	d street address of the current regurtment of State: (If resigned, enter	gistered agent and registered office on file with the resigned)	e
	Mike Matheny		
	2301 South Street		
	Leesburg, FL 34748		
6. The name an (if changed):	-	ered agent (if changed) and /or registered office	200
	Terry Mahan		2816 HAY 16 SECATIAR'
	2301 South Street		· 1-1
	Leesburg, FL 34748	D. Box NOT acceptable	PH 2: 3
The street addr as changed wil	ress of its registered office and the identical.	he street address of the business office of its reg	
Such change wanthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an offic been notified in writing of the change.	er so
Signal	M Charlestor of director	D/P Printed or typed name and title	
I hereby accep I further agree performance o agent. Or, if the hereby confirm	t the appointment as registered of to comply with the provisions of my duties, and I am familiar whis document is being filed mere that the corporation has been r	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as i by to reflect a change in the registered office ad iotified in writing of this change.	e egistered dress, I
Tu	enature of Registered Agent	5/12/16	
	1	Date	
it signing on o	ehalf of an entity:		
-	Typed or Printed Name	_	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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