

N97000001149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

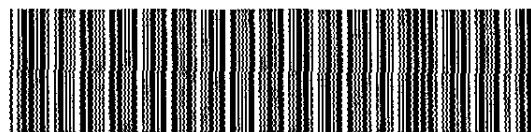
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2015

NEW HOPE COMMUNITY CHURCH OF MARYDIA, INC.
511 BARN ST
KISSIMMEE, FL 34744

SUBJECT: NEW HOPE COMMUNITY CHURCH OF MARYDIA, INC.
Ref. Number: N97000001149

In a recent audit of our records, we have determined that the above named entity has designated itself as Registered Agent.

The purpose of this letter is to advise you a business entity may not serve as its own Registered Agent. We are asking you to designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please complete the enclosed Statement of Registered Office or Registered Agent form for filing at no charge. Return the completed form to personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by March 31, 2015.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 015A00001617

COVER LETTER

15 FEB 20 PM 1:03

TO: Amendment Section
Division of Corporations

SUBJECT: New Hope Community Church of Maryland, Inc.
Name of Corporation

DOCUMENT NUMBER: 197000001149

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:

Charlotte Gray
Name of Contact Person

New Hope Community Church
Firm/Company

571 Barn St.
Address

Kissimmee, FL 34744
City/State and Zip Code

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

For further information concerning this matter, please call:

Charlotte Gray at (321) 299-8382
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: New Hope Community Church of Marydia Inc
2. The principal office address: 511 Barn St. Kissimmee, FL 34744
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 11-1997 Document number: N97000001149

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)

New Hope Community Church of Marydia Inc,
511 Barn St.
Kissimmee, FL 34744

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

[Signature]
P.O. Box NOT acceptable

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.

Charlotte Gray
Signature of an officer or director

Charlotte Gray
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.

Charlotte Gray
Signature of Registered Agent

2-17-15
Date

If signing on behalf of an entity:

Charlotte Gray
Typed or Printed Name