

N 97000003772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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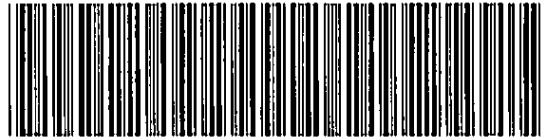
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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DEC - 6 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERCHURCH COALITION FOR ACTION, RECONCILIATION, AND EMPOWERMENT, INC.
Name of Corporation

DOCUMENT NUMBER: N97000003772

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:

Kelly Doyle

Name of Contact Person

INTERCHURCH COALITION FOR ACTION, RECONCILIATION, AND EMPOWERMENT, INC.

Firm/Company

2650 Park St.

Address

Jacksonville, FL 32204

City/State and Zip Code

icarejax@gmail.com

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

For further information concerning this matter, please call:

Kelly Dolye

Name of Contact Person

at (561) 870-3313

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: INTERCHURCH COALITION FOR ACTION, RECONCILIATION, AND EMPOWERMENT, INC.
2. The principal office address: 2650 Park St. Jacksonville, FL 32204
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/1997 Document number: N97000003772
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)

Kristin Powell

2650 Park St.

Jacksonville, FL 32204

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

Kelly Doyle


2650 Park St.

P.O. Box NOT acceptable

Jacksonville, FL 32204


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.


Signature of an officer or director

Phillip Barber, 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.


Signature of Registered Agent

11/27/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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DIVISION OF STATE
TALLAHASSEE, FL