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ST. JOHN CHURCH OF GOD IN CHRIST MINISTRIES, INC.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 3, 2003

ST. JOHN CHURCH OF GOD IN CHRIST MINISTRIES, INC. 737 THOMAS LANE COCOA, FL 32922

SUBJECT: ST. JOHN CHURCE OF GOD IN CHRIST MINISTRIES, INC.

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'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submit	rovisions of sections 607.0502, 617.0502, 607.1 ted for a corporation organized under the laws t istered office or registered agent, or both, in the	of the State ofFLC		siatement of in order	
1. The name of the 2. The principal		of-God In Chris	st Ministr	es, Inc	
	COCOA, PLORIDA 32	922			
3. The mailing a	kkress (if different): 1135 GROVES DE	IVE			
	ROCKLEDGE, FLO	RIDA 32955			
4. Date of incorp	oration/qualification: 12-21-98 D	ocument number:N	98000 <u>00</u> 723	5	
	street address of the current registered agent and	t registered office on fil	c with the		
	DAVIS SR., SAMUEL J.				
	719 IXORA AVENUE			03 D SEC	
	COCOA FLORIDA	32922		EC -3 RETAR	
6. The name and (if changed):	street address of the new registered agent (if cha	anged) and /or registeror	d office	EF G	
,	Paul Horsey			LSTATE FLORIE	
·	1135 Groves Drive (P.O. Box or porsonal mailbox No	Transplate		DA .	
	Rockledge, Florida 3				
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.					
Jahr	making of an officer of throcker)	John World 7-Treasure Willy			
I hereby accept i I further agree to duties, and I am being filed mere been notified in	he appointment as registered agent and agree to comply with the provisions of all statutes referred familiar with and accept the obligation of my y to reflect a change in the registered office a writing of this change.	to act in this capacity, alive to the profer and position as registered daress, I hereby confir	complete perfor ogent. Or, if this in that the corpo	mance of my s document is ration has	
Satur	Haram	November 25, 2003			
If signing on bel	alf of an entity:		(Dine)		
	(Typed of Pristed Name)		(Copacity)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS P.O. BOY 6477 TALL ABASSEE BY 307601 E002-50-030

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