N9900000772

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS

JUL 10 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: King's Way Baptist Church of DeSoto County, Inc.

Name of Corporation

DOCUMENT NUMBER: N99000000772

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:

Joyce Hunter

Name of Contact Person

King's Way Baptist Church of DeSoto County, Inc.

Firm/Company

P.O. Box 1799

Address

Arcadia, Florida 34265

City/State and Zip Code

cowboy@cowboy-enterprises.com

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

For further information concerning this matter, please call:

Joyce Hunter

,863

990-2035

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 cha	nge is submitted for a corpo	oration organi	P_0 , 607.1508, or 617.1508, Florida Sized under the laws of the State of $\frac{1}{2}$ red agent, or both, in the State of F	Florida	his ——	_
1. The name of t	he corporation: King's W	/ay Baptist	Church of DeSoto Count	ty, Inc.		
	office address: 6200 NE Florida 34266	Cubitus A	venue			
3. The mailing a	ddress (if different): P.O.	Box 1799				
4. Date of incorp	poration/qualification: 2/4/	/1999	Document number: N9900	00007	72	
5. The name and		nt registered ag	gent and registered office on file wi			
	George E. Hensel		Deceased April/2014			
	2673 SE Lena Terra	ace				
	Arcadia, Florida 342	266				2
6. The name and (if changed):	street address of the new re	egistered agen	t (if changed) and /or registered of	fice	STINE TAR	
	Garry Oyer	Director -	- Registered Agent			
	1172 NE Hensel Av				AM IO:	STAT OR ATI
	Arcadia, Florida 342	P.O. Box NOT a	acceptable		<u></u>	ONS E
The street addre	ess of its registered office as be identical.	nd the street a	address of the business office of its	s register	ed ag	ent,
Such change wa authorized by th	is authorized by resolution te board, or the corporation	duly adopted has been noti	by its board of directors or by an officed in writing of the change.	officer so		
Turano	re of an officer or director		Richard Hatcher - Direct			
I hereby accept	the annointment as registes	red agent and ns of all statu ar with and ac nerely to refle een notified in	Printed or typed name and title agree to act in this capacity, tes relative to the proper and come cept the obligation of my position ct a change in the registered office writing of this change.		tered i, I	
Harry	y (1) Mer		6/1/2014			
Sign	ngure of Registeren Agent	_	Date			
ii signing on be	half of an entity:					
Ty	ped or Printed Name					

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