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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: JOE BLASCO MINISTRIES, INC.		
DOCUMENT NUMBER: PO 7000 82274		
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:		
LINNA D. SCHOON OVER  Name of Contact Person		
Firm/Company		
111 HUNTERS TRAIL Address		
LONG 1000) FL 32776  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LIMA D Schoonover at 407 le le 5 - 4299  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  Street Address:  Amendment Section  Division of Corporations		

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

11 APR -6 PM 12: 45

## RESIGNATION OF REGISTERED AGENT SECRETARY OF STATE TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LINDA D. SCHOONOVER (Name of Registered Agent)
hereby resigns as Registered Agent for <u>JUE BLASCO MINISTRIES</u> , JUC. (Name of Corporation)
Po+1000 822+4 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314