I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PASTOR

SIGNATURE: ELTON OVITT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 765693

Entity Name: BAPTIST TEMPLE OF DUNDEE, INC.

## **Current Principal Place of Business:**

CORNER OF CENTER STREET AND LAKE STREET DUNDEE, FL 33838

## **Current Mailing Address:**

CORNER OF CENTER STREET AND LAKE STREET P.O. BOX 937 C/O PASTOR ELTON OVITT DUNDEE, FL 33838

# FEI Number: 59-3154860

# Name and Address of Current Registered Agent:

OVITT, ELTON B 4925 CYPRESS GARDENS ROAD LOT 54 WINTER HAVEN, FL 33884 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# Officer/Director Detail :

Title	DEACON	Title	TRUSTEE	
Name	DOHERTY, WILLIAM	Name	CLARK, MATT	
Address	160 JUNIPER DRIVE WEST	Address	4925 CYPRESS GARDENS ROAD	
City-State-Zip:	DUNDEE FL 33838		LOT 124	
		City-State-Zip:	HAINES CITY FL 33884	
<b>T</b> :0 -				
Title	SECRETARY	Title	DACTOR	
		Title	PASTOR	
l itle Name	SECRETARY MELSON, FAYE	Title Name	PASTOR OVITT, ELTON B	
		Name	OVITT, ELTON B	
Name	MELSON, FAYE			
Name Address	MELSON, FAYE 116 QUAILWOOD DRIVE	Name	OVITT, ELTON B 4925 CYPRESS GARDENS ROAD	

Certificate of Status Desired: No

02/08/2019

Date

FILED Feb 08, 2019 Secretary of State 2276418180CC

Date