	Current Prir 100 N LAKE AV AVON PARK, F			C. Secretary CC5998	8024201	
	Current Mai	ling Address:				
	100 N LAKE AVON PARM	AVE K, FL 33825-3152				
FEI Number: 59-0862867 Certificate of Status Desired: Yes						
	Name and Address of Current Registered Agent:					
	WELLS, STANLEY 100 N LAKE AVE AVON PARK, FL 33825 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: STANLEY WELLS				Jilua.	
	GIGINATORE	STANLEY WELLS			01/16/2018	
		E: STANLEY WELLS Electronic Signature of Registered Agent				
	Officer/Dire	Electronic Signature of Registered Agent			01/16/2018	
		Electronic Signature of Registered Agent	Title	PC	01/16/2018	
	Officer/Dire	Electronic Signature of Registered Agent	Title Name	PC DUKE, MAX	01/16/2018	
	Officer/Dire	Electronic Signature of Registered Agent ctor Detail : T		-	01/16/2018	
	Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : T WELLS, STANLEY	Name Address	DUKE, MAX	01/16/2018	
	Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : T WELLS, STANLEY P.O. BOX 820	Name Address	DUKE, MAX 1010 W. MAIN ST	01/16/2018	
	Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : T WELLS, STANLEY P.O. BOX 820 AVON PARK FL 33826-5702	Name Address City-State-Zip:	DUKE, MAX 1010 W. MAIN ST AVON PARK FL 33825-3314	01/16/2018	
	Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : T WELLS, STANLEY P.O. BOX 820 AVON PARK FL 33826-5702 S	Name Address City-State-Zip: Title	DUKE, MAX 1010 W. MAIN ST AVON PARK FL 33825-3314 VP	01/16/2018	

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.

SIGNATURE: STANLEY WELLS

City-State-Zip: AVON PARK FL 33825

TREASURER

City-State-Zip: AVON PARK FL 33825-9368

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Entity Name: FIRST BARTIST CHURCH OF AVON PARK FLORIDA INC

FILED Jan 16, 2018 Secretary of State CC5998024201

Date