

DATE: 01/14/2013 DOCUMENT ID 201301101118

DESCRIPTION AGENT ADDRESS CHANGE (AGA) FILING

EXPED

PENALTY

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Receipt

This is not a bill. Please do not remit payment.

FRESHWATER COMMUNITY CHURCH 185 HUMBOLT AVENUE WADSWORTH, OH 44281

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

182357

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FRESHWATER COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE

and, that said business records show the filing and recording of:

Document(s):

AGENT ADDRESS CHANGE

Document No(s):

201301101118



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of January, A.D. 2013.

Ohio Secretary of State

for Hosted



Form 521 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Statutory Agent Update Filing Fee: \$25 2) Change of Address of an Agent

(CHECK ONLY ONE(1) BOX)	· ·····g · · ····	
(1) Subsequent Appointment of Corp (165-AGS) LP (165-AGS) LLC (171-LSA) Business Trust (171-LSA) Real Estate Investment Tr	☐ Corp (145-AGA) ☐ LP (145-AGA) ☐ LLC (144-LAD) ☐ Business Trust (144-LAD)	(3) Resignation of Agent
Name of Entity Charter, License or Registration Name of Current Agent	on No. 182367 Reversed Scott Brooks	istica & Missionary Adliance
Complete the information in the	nis section if box (1) is checked	
Name and Address of New Agent Name of Mailing A	Agent	Ohio Zip Code
		<u>\$</u> 77

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Complete the infer	median in this access of the state of the st		
Complete the infor	nation in this section if box (1) is checked and business is an Ohio entity		
	ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT		
The Undersigned,	Name of Agent , named herein as the		
	Name of Agent		
statutory agent for	Name of Business Entity , hereby acknowledges		
and accepts the app	pintment of statutory agent for said entity.		
	Signature:		
	Individual Agent's Signature/Signature on behalf of Corporate Agent		
	agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is thio resident.		
Complete the infor	nation in this section if box (2) is checked		
Complete the infor	nation in this section if box (2) is thetheu		
New Address of Age	nt [
	185 Humbolt Ave Mailing Address		
	Mailing Address		
	Wedsworth Ohio 44281		
	City State Zip Code		
If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.			
all	ano resident.		
Complete the infor	nation in this section if box (3) is checked		
The agent of record	for the entity identified on page 1 resigns as statutory agent.		
Current or last know date of filing or prior	n address of the entity's principal office where a copy of this Resignation of Agent was sent as of the to the date filed.		
Mailing A	dress		
City	State Zip Code		

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Dy signing and submitting this fam	to the Ohio China Country of Ohio had been also been als	
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the		
requisite authority to execute this	document.	
Required	Senior Pastor	
Agent update must	Authorized Representative	
be signed by an authorized	Authorized Representative	
representative (see		
instructions for specific	let And	
information).	By (#applicable)	
If authorized representative		
is an individual, then they	Per. Scott D Brooks	
must sign in the "signature"		
box and print their name	Print Name	
in the "Print Name" box		
The Time Hame Box.		
If authorized representative		
is a business entity, not an		
individual, then please print	Authorized Representative	
the business name in the		
"signature" box, an		
authorized representative		
of the business entity	By (if applicable)	
must sign in the "By" box	Philipping Control of the Control of	
and print their name in the		
"Print Name" box.	Print Name	