



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/30/2013	201324201184	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00		.00	.00

Receipt

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

JOANNE C FLINN-BELL
769 PATTERSON AVE.
AKRON, OH 44310

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

835543

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

PHILADELPHIA ASSEMBLY BAPTIST CHURCH

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

201324201184

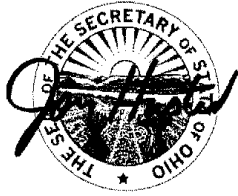
Effective Date: 08/30/2013



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 30th day of August, A.D.
2013.

Ohio Secretary of State



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

2013 AUG 30

AM 8:16

Statutory Agent Update
Filing Fee: \$25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent

- Corp (165-AGS)
- LP (165-AGS)
- LLC (171-LSA)
- Business Trust (171-LSA)
- Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- Corp (145-AGA)
- LP (145-AGA)
- LLC (144-LAD)
- Business Trust (144-LAD)
- Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- Corp (155-AGR)
- LP (155-AGR)
- LLC (153-LAG)
- Partnership (153-AGR)
- Business Trust (153-LAG)
- Real Estate Investment Trust (153-LAG)

Name of Entity Philadelphia Assembly Baptist Church

Charter, License or Registration No. 835543

Name of Current Agent PASTOR REV. JOANNE C. FLINN BELL

Complete the information in this section if box (1) is checked

~~Name and Address of New Agent~~ _____

~~Name of Agent~~ _____

~~Mailing Address~~ _____

~~City~~ _____ ~~Ohio~~ ~~State~~ _____ ~~Zip Code~~ _____

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, , named herein as the
Name of Agent

statutory agent for , hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Individual Agent's Signature/Signature on behalf of Corporate Agent

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.

Complete the information in this section if box (2) is checked

New Address of Agent *769 PATTERSON AVE.*
Mailing Address

AKRON
City

Ohio
State

44310
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.

Complete the information 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 known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

Zip Code

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

Agent update must be signed by an authorized representative (see instructions for specific information).

Rev. Joanne C. Flinn Bell
REV. JOANNE C. FLINN BELL
Authorized Representative

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

REV. JOANNE C. FLINN BELL
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Authorized Representative

By (if applicable)

Print Name