



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/24/2009	200905401402	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

CALVARY CHAPEL OF CLEVELAND
6770 BROOKPARK ROAD
CLEVELAND, OH 44129

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

861240

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

CALVARY CHAPEL OF CLEVELAND

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

200905401402



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 20th day of February,
A.D. 2009.

Ohio Secretary of State



**Form 521 Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

- ☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ Non Expedite PO Box 788
Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: \$25

RECEIVED

FEB 20 2009

SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent ☐ Corp (165-AGS) ☐ LP (165-AGS) ☐ LLC (171-LSA)	(2) Change of Address of an Agent ☒ Corp (145-AGA) ☐ LP (145-AGA) ☐ LLC (144-LAD)	(3) Resignation of Agent ☐ Corp (155-AGR) ☐ LP (155-AGR) ☐ LLC (153-LAG) ☐ Partnership (155-AGR)
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Name of Entity <u>Calvary Chapel of Cleveland</u>
Charter, License or Registration No. <u>861240</u>
Name of Current Agent <u>James M. Bucher</u>
Address of Current Agent <u>4501 Gifford Avenue</u> Mailing Address <u>Cleveland</u> <u>Ohio</u> <u>44144</u> City State Zip Code

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

Name and Address of New Agent Name of Agent _____ Mailing Address _____ _____ City Ohio Zip Code State
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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: _____
Statutory Agent

- ☐ If the 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 10958 West River Road
Mailing Address
Columbia Statio Ohio 44028
City State Zip Code

- ☐ If the agent is an individual using a P.O. Box, 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

Must be authenticated
(signed) by an
authorized representative
(See Instructions)



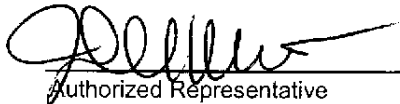
Authorized Representative

James M. Bucher

Print Name

01/25/2009

Date



Authorized Representative

James C. DelMonte

Print Name

01/25/2009

Date