767663

(Requestor's Name)
(Address)
(Address)
(riddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southert Man Dol)
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or aliter

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Grace United N	lethodist Church Name of Corpora	of Lake Mary, I	nc.
DOCUMENT NUMBER:	7676	63	
The enclosed Statement of Change of	Registered Office/Agen	it and fee are submitte	ed for filing.
Please return all correspondence conc	erning this matter to the	following:	
	Tina Funck-Tha Name of Contact P	tcher erson	
Grace Unit	ed Methodist Churc Firm/Company	h of Lake Mary, In	С.
**************************************	499 N. Country Cl Address	ub Rd.	
	Lake Mary, FL 327 City/State and Zip	46-4230 Code	
E-mail address:	gumclake@cfl.rr. to be used for future a		eation)
For further information concerning th	s matter, please call:		
Tina Funck-Thatcl	ner at (407 Area Code & Daytim	322-1472 e Telephone Number
Enclosed is a \$35.00 check made paya	ible to the Department o	of State.	
Mailing Add Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Amendment Sec Division of Corp Clifton Building 2661 Executive	porations S

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2011

TINA THATCHER 499 N COUNTRY CLUB RD LAKE MARY, FL 32746

SUBJECT: GRACE UNITED METHODIST CHURCH OF LAKE MARY, INC.

Ref. Number: 767663

We have received your document for GRACE UNITED METHODIST CHURCH OF LAKE MARY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 211A00011305

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Grace United Methodist Church of Lake Mary, Inc.
2. The principal	office address: 499 N. Country Club Rd., Lake Mary, FL 32746-4230
3. The mailing a	ddress (if different): Same
4. Date of incorp	poration/qualification: Document number: 767663
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Resigned
	$oldsymbol{T}_{oldsymbol{\mathcal{Q}}_{i}}$
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	F. Michael Gallagher
	499 N. Country Club Rd.
	P.O. Box NOT acceptable
	Lake Mary, FL 32746-4230
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatur	Zet an officer or director (A)R ALT
I further agrée i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
7 mi	ishael Dullophan June 5, 2011 Date Date
	half of an entity:
F. MICHAE	CL CALLAGHITE Apped or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)