Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:						
	Address:	Address:	Address:	Address:	Address:	Address:

REGISTERED AGENT CHANGE PRESBYTERIAN CHURCH (U.S.A.) FOUNDATION, INCORPORATE

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9/30/2011

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

statement of cha in orde	nge is submitted for a co r to change its registered	rparation organize office or registere	607.1508, or 617.1508, Flow ed under the laws of the State ed agent, or both, in the State	e of <u>PA</u> e of Florida.
1. The name of t	the corporation:PRESB	YTERIAN CHUR	CH (U.S.A.) FOUNDATION,	INCORPORATED
2. The principal	office address: 200 EAST	TWELFTH STRI	et, jeffersonville in 4	17130
3. The mailing a	ddress (if different):			
4. Date of incorp	coration/qualification:	7/12/1994	Document number:	F94000003628
	I street address of the curr timent of State: (If resign		nt and registered office on fi	le with the
	CORPORATION SERV	<u> </u>		
	1201 HAYS STREET	- B 8		
	TALLAHASSEE FL 323			30
6. The name and (if changed):	l street address of the new	v registered agent	(if changed) and /or registere	d office
	C T Corporation System			
	c/o C T Corporation Syst	em, 1200 South Pir	ne Island Road	हुड़ा हिन्न 'स्ट्रें
		P.O. Box NOT	occptable	
	Plantation, Florida 33324			
The street address changed will	ess of its registered offic be identical.	e and the street a	idress of the business office	of its registered agent,
			by its board of directors or before in writing of the change	
()an	-m Hos		James Halp	•
	re at an afficer or answer		Printed of typed name	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec a been notified in writing	stered agent and sions of all statut I accept the oblig I a change in the I of this change.	agree to act in this capacity es relative to the proper an ation of my position as regi registered office address, I	i d complete performance stered agent. Or, if this hereby canfirm that the
By: KAINT DOD!				11
Sig	invitre of Registerer Agent	······································	Date	
If signing on be Kri	poration System thalf of an entity: Stin Bolden			
	tant Secretary yped 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)