

701320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

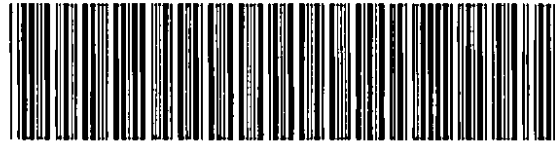
(Business Entity Name)

(Document Number)

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JAN 28 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAINT MARY MAGDALENE EPISCOPAL CHURCH INC.
Name of Corporation

DOCUMENT NUMBER: 701320

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REV. LEE DAVIS
Name of Contact Person

ST MARY MAGDALENE
Firm/Company

1400 RIVERSIDE DR.
Address

CONAR SPRINGS, FL 33071-6070
City/State and Zip Code

FATHER LEE @ STMANDM.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REV. LEE DAVIS at (954) 753-1401
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN 13 11:52

January 13, 2021

REV. LEE DAVIS
1400 RIVERSIDE DR.
CORAL SPRINGS, FL 33071-6070

SUBJECT: SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC.
Ref. Number: 701320

We have received your document for SAINT MARY MAGDALENE EPISCOPAL CHURCH, 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):

You failed to list the date of incorporation in the space provided.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00000763

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SAINT MARY MAGDALENE EPISCOPAL CHURCH INC.
2. The principal office address: 1400 RIVERSIDE DR.
CORAL SPRINGS, FL 33071 - 6070
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/16/1960 Document number: 701320
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RICHARD MAXWELL
1400 RIVERSIDE DR.
CORAL SPRINGS, FL 33071

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REV. LEE DAVIS
1400 RIVERSIDE DR.
P.O. Box NOT acceptable
CORAL SPRINGS, FL 33071

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mabel Ayer MABEL AYER
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rev. Lee Davis 11/10/2020
Signature of Registered Agent Date

If signing on behalf of an entity: -

Rev. LEE DAVIS
Typed 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