

1/29/2015 14:58:56 From: To: 8506176200

( 1/3 )

Division of Corporations

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7044444

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
CATHEDRAL FOUNDATION OF JACKSONVILLE, INC.**

Certificate of Status	0
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Dr

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cathedral Foundation of Jacksonville, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 704444

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:

Michael G. Ware, CFO

\_\_\_\_\_  
Name of Contact Person

Cathedral Foundation of Jacksonville, Inc.

\_\_\_\_\_  
Firm/Company

4250 Lakeside Drive, Suite 300

\_\_\_\_\_  
Address

Jacksonville, FL 32210

\_\_\_\_\_  
City/State and Zip Code

mware@agingtrue.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Ware, CFO

904

807-1304

at ( )

\_\_\_\_\_  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR28045 (03/12)

**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: Cathedral Foundation of Jacksonville, Inc.
2. The principal office address: 4250 Lakeside Dr., Suite 300, Jacksonville, FL 32210
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8-22-1962 Document number: 704444
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)  
Eric J. Holshouser  
50 North Laura Street, Suite 2800  
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

Michael G. Ware  
 Signature of an officer or director

Michael G. Ware, Chief Financial Officer  
 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.*

By: Conner B. Barger  
 Signature of Registered Agent

01/29/2015  
 Date

If signing on behalf of an entity:

\_\_\_\_\_  
 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  
 CR2E045 (03/12)

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