

710736

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TALLAHASSEE, FLORIDA

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clearwater Friends Meeting, Inc.
Name of Corporation

DOCUMENT NUMBER: 710736

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:

Douglas Woodward
Name of Contact Person

Clearwater Friends Meeting, Inc.
Firm/Company

P.O. Box 591
Address

Dunedin, FL 34697-0591
City/State and Zip Code

theroofman@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Brice at (727) 505-9440
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2015

RICE BRICE
CLEARWATER FRIENDS MEETING, INC.
P.O. BOX 591
DUNEDIN, FL 34697-0591

SUBJECT: CLEARWATER FRIENDS' MEETING, INC.
Ref. Number: 710736

We have received your document for CLEARWATER FRIENDS' MEETING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the amendment in its entirety or complete/submit the enclosed statement to change registered agent/office form.

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: 415A00020742

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**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: Clearwater Friends Meeting, Inc.
2. The principal office address: 6064 Oleander Ave. New Port Richey, FL 34653
3. The mailing address (if different): P.O. Box 591 Dunedin, FL 34697-0591
4. Date of incorporation/qualification: April 19, 1966 Document number: 710736
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)

John G. Hubbard, Esq. (Deceased)

1059 Broadway Suite B

Dunedin, FL 33528

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

Louis D. Putney

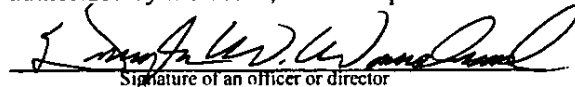
4805 South Himes Avenue

P.O. Box NOT acceptable

Tampa, FL 33611-2616

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.


Signature of an officer or director

Douglas W. Woodward / Treasurer

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.


Signature of Registered Agent

10-26-15
Date

If signing on behalf of an entity:

Louis D. Putney

Typed or Printed Name

*** FILING FEE: \$35.00 ***

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