710804

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(Address)				
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C. Gormono JAN 1 4 2888

COVER LETTER

Division of Corporations SUBJECT: IMMANUEL EVANGELICAL LUTHERAN CHURCH OF THE UPPER KEYS, INC. (Name of Corporation) DOCUMENT NUMBER: 710804 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: Thomas Trump (Name of Contact Person) IMMANUEL EVANGELICAL LUTHERAN CHURCH OF THE UPPER KEYS, INC. (Firm/Company) PO Box 1139 (Address) Tavernier, Fl. 33070 (City/State and Zip Code) For further information concerning this matter, please call: Tammy Viergutz (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address:

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

TO:

Amendment Section

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

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statement of ch	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.		
1. The name of	the corporation: IMMANUEL EVANG	GELICAL LUTHERAN CHURCH OF THE U	JPPER KEYS	<u>, INC</u>
2. The principa	l office address: 108 OCEAN DRIVE, 7	FAVERNIER FL 33070		
3. The mailing	address (if different): P.O. BOX 1139,	, TAVERNIER FL 33070		
4. Date of incom	rporation/qualification: 04/28/1966	Document number: 710804		_
	nd street address of the current registerent artment of State:	d agent and registered office on file with the		
	ROSEMAN, RICHARD Y.			
	108 OCEAN DRIVE			
	TAVERNIER FL 33070			
6. The name an (if changed):	•	gent (if changed) and /or registered office	SECRETATALLAHA	מני פני
	TRUMP, THOMAS		ARY ASSE	
	108 OCEAN DRIVE		OF STATE	יורבט
	(P.O. Box NOT accepta	ible)	STA LOR	
	TAVERNIER FL 33070		75 104	
The street addr as changed wil	ess of its registered office and the stre l be identical.	eet address of the business office of its registe	ered agent,	
Such change wanthorized by t	as authorized by resolution duly ador the board, or the corporation has been	oted by its board of directors or by an officer notified in writing of the change.	so	
Tam	mistraceta	Tammy Viergutz/Treasurer		
(Signat <i>Lherehy accen</i> i	t the appointment as registered agent	(Printed or typed name and title) and agree to act in this capacity. tatutes relative to the proper and complete pobligation of my position as registered agent, a the registered office address, I hereby confige.	erformance . Or, if this rm that the	
1/2	1, 1	December 15, 2007		
(Si	gnature of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
Thomas Trun	· · · · · · · · · · · · · · · · · · ·			
(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 (8/05)