7223585

(Requestor's Name)	_	l
(Address)	-	
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(Address)		
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	-	
(Document Number)	-	
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Certified Copies Certificates of Status		
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COVER LETTER

Division of Corporations
First Church of Christ, Scientist, St. Petersburg, Florida, In UBJECT: A Florida non-profit corporation
Name of Corporation
OCUMENT NUMBER: 722585
he enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Sharon F. Cook
Name of Contact Person
First Church of Christ, Scientist, St. Petersburg, Florid Firm/Company
6333 First Street NE
Address
St. Petersburg, FL 33702
City/State and Zip Code
fccsstpete@verizon.met
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Seymour A. Gordon, Esquire at 727 896-8111 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

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Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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

Pursuant to the provis statement of change is	submitted for a co	rporation organize	d under the laws of th	e State of Flo	rida	
1. The name of the con	Pino		dagent, or both, in the Christ, Sci	,		
2. The principal office	address: 6333	First Stre	et NE		F TOL I Q	
	St.	Petersburg,	FL 33702		<u></u>	<u>.</u>
3. The mailing address	s (if different):	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · · 	<u> </u>
4. Date of incorporation	on/qualification:	1/27/72	Document number	722585		
5. The name and stree Florida Department			t and registered office	on file with the	;	
P :	atricia Ric	hardson				•
6:	333 First S	treet NE				
<u>S</u> 1	t. Petersbu	rg. FL 3370	2		E SE	
6. The name and street (if changed):	t address of the nev	v registered agent (i	f changed) and /or reg	gistered office	ID SEI	
Sì	haron F. Co	ok			ASSE	
63	333 First S	treet NE			F 2	Actor mai
		P.O. Box NOT acc	ceptable		1880 18:2	The said
_st	. Petersbu	rg, FL 3370	2		3 7 3	
The street address of as changed will be ide	its registered officentical.	e and the street add	iress of the business	office of its reg	istered agent,	
Such change was authorized by the boa	porized by resolution, or the corporat	ion duly adopted by tion has been notifi	y its board of directored in writing of the c	rs or by an offic change.	er so	
Melin	officer or director	wan	Gaelynn M.	Thurman,	Secreta	ary
I hereby accept the ap I further agree to con of my duties, and I an document is being file corporation has been	ppointment as reginply with the provi of familiar with and ed merely to reflect notified in writing Registered Agent	isions of all statute: d accept the obliga et a change in the n	oree to act in this ca	nacity.	e performance ent. Or, if this nfirm that the	
Typed or	Printed Name					

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