731940

V (
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SEP 07 2016

C. CARROTHERS

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July 29, 2016

YVONNE W YANTSIOS 1400 HANNAH DRIVE MERRITT ISLAND, FL 32952

SUBJECT: SAINT PATRICK'S ANGLICAN CATHOLIC CHURCH, INC.

Ref. Number: 731940

We have received your document for SAINT PATRICK'S ANGLICAN CATHOLIC CHURCH, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

ENCLOSED IS THE INFORMATION FORSAINT PATRICKS ANGILICAN CATHOLIC CHURCH INC. YOU ARE LISTED ONLY AS THE REGISTERED AGENT. I HAVE ALSO ENCLOSED THE RESIGNATION OF REGISTERED AGENT FORM IF YOU WISH TO USE IT.IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME, IN THAT THERE ARE OTHER OPTIONS YOU MAY CHOOSE.

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.

Cathy A Carrothers Regulatory Specialist

Letter Number: 316A00015982

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Saint Patrick's Church
DOCUMENT NUMBER: 731940
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
The Rt. Rev. John Vaughan (Name of Person)
Saint Patrick's Anglican Carlofic Church, Inc.
119 Park Lane
Ditusville, FL 32780 (City/State and Zip Code)
For further information concerning this matter, please call:
The At Rev. John Vaughan at (321) 208-2324 (Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	9,	
Florida Statutes, the undersigned, (Name of Registered Agent)		
hereby resigns as Registered Agent for Saint Patrick's Conscion (Name of Corporation)	hofic (hend Inc.
A copy of this resignation was mailed to the above listed corporation at its last known	address.	
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which	•
Gignature of Resigning Agent)	SECRED TALLAHA	
(Signature of Respigning Agent)	7.27 7.37 7.38	4, 36+4 - 16,0+ + 1+344 Mars M
If signing on behalf of an entity:		
	7: 09 STATE LOBIDA	
(Typed or Printed Name)	gan. CD	
(Capacity)		

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314