743205

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APPROVED AND FILED

Ritt. Change

C. Coullisto OCT 3 0 2007

COVER LETTER

Division of Corporations			
SUBJECT: Memorial United Methodist Church of Lake Placed, Inc. (Name of Corporation)			
DOCUMENT NUMBER: 74 3205			
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:			
rease return an correspondence concerning uns matter to the following:			
Jennifer T. Koukos (Name of Contact Person)			
(Name of Contact Person)			
Memorial United Methodist Church (Firm/Company)			
500 Kent Ave. (Address)			
Lake Placid, FL 33852 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Jennifer Koukus at (863) 840-0300 (Area Code & Daytime Telephone Number)			
(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 32314 Tallahassee, FL 32301			

TO:

Amendment Section

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes age is submitted for a corporation organized under the laws of the State of Florida. to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: Memorial United Methodist Church of Lake Pi	acid. Inc.
	office address: 500 Kent Ave.	
	Lake Placid, FL 33852	
3. The mailing ac	Idress (if different):	
4. Date of incorp	oration/qualification: 4/12/78 Document number: 743205	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:	
	Richard M. McConnell	
	101 Deanna Dr.	07 SEI
	Lake Placid, FL 33852	OCT 2 CRET/ LAHA
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	OCT 29 PM 3: 22 CRETARY OF STATE LAHASSEE, FLORID
	Jennifer T. Koukos	3: 22 STATE LORID
	10 Meadowlake Dr. (P.O. Box NOT acceptable)	A
	Lake Placid, FL 33852	
The street address changed will	ss of its registered office and the street address of the business office of its regist be identical.	ered agent,
-	s authorized by resolution duly adopted by its board of directors or by an officer board, or the corporation has been notified in writing of the change.	
11/1	Sonny Stalls, Treasure of an officer or director) Sonny Stalls, Treasure and title)	
I hereby accept if further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete put I am familiar with and accept the obligation of my position as registered agent agent in the registered office address, I hereby confident in writing of this change.	erformance Or, if this irm that the
Jenne (Sign	thure of Registered Agent) 10/22/07 (Date)	
If signing on bel	alf of an entity:	
(T ₁	rped or Printed Name)	

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