749366

•		
(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300208704963

06/13/11--01031--024 **87.50

TI JUN 13 AH II: 21
SECRETARY OF STATE
SECRETARY OF STATE

PAlewis 6-14-11

COVER LETTER

(Name of Corporation)	
DOCUMENT NUMBER: 749366	
The enclosed Resignation of Registered Agent for a Corporation and fee are st	ubmitted for filing
Please return all correspondence concerning this matter to the following:	
MARY LAFRINERE	
(Name of Person)	
FIRST CONGREGATIONAL CHURCH OF ZEPHYRI	
(Name of Firm/Company)	
PO BOX 1626	
(Address)	
ZEPHYRHILLS, FL 33539	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Lafrinere at (813) 838-1107	
(Name of Person) (Area Code & Daytime Telepho	one 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT LLAHASSEE FLORIBA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JUDITH J. DENHERDER
(Name of Registered Agent) hereby resigns as Registered Agent for FIRST CONGREGATIONAL CHURCH OF ZEPHYRHIPATON
(Name of Corporation)
749366
(Document Number, if known)
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 which this statement is filed. Grad G. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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