

Division of Corporations

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765991

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

000409.150680

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
ST. PHILIP'S EPISCOPAL CHURCH, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

H11000172466 3

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: St. Phillip's Episcopal Church, Inc.
2. The principal office address: 1121 Andalusia Avenue, Coral Gables, Florida 33134
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/3/1982 Document number: 765991

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

J. Thomas Cookson  
645 Sierra Circle  
Coral Gables, Florida 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Reverend Dr. Mary E. Conroy  
St. Phillip's Episcopal Church  
P.O. Box NOT acceptable  
1121 Andalusia Avenue, Coral Gables, Florida 33134

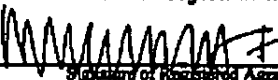
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 The Rev. Dr. Mary E. Conroy, President  
Signature of registered agent Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 6/28/2011  
Signature of Registered Agent Date

If signing on behalf of an entity:

The Rev. Dr. Mary E. Conroy  
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)

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