

769185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

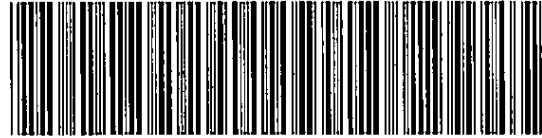
(Business Entity Name)

(Document Number)

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SEP 06 2019
TALLAHASSEE, FL

2019 SEP -6 AM 11:04

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SEP 16 2019

C. A. S.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St Elizabeth Greek Orthodox Church of Gainesville, Inc.
Name of Corporation

DOCUMENT NUMBER: 769185

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:

John Mousa
Name of Contact Person

St Elizabeth Greek Orthodox Church
Firm/Company

5129 NW 53rd Ave.
Address

Gainesville, FL 32653
City/State and Zip Code

jjejm924@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Mousa at (**352**) **3178919**
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 32301

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. Elizabeth Greek Orthodox Church of Gainesville, Inc.
- 2. The principal office address: 5129 NW 53rd Ave., Gainesville, FL 32653
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 21, 1983 Document number: 769185

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)

Rev. Romanos Galben
5129 NW 53rd Ave.
Gainesville, FL 32653

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

Rev. Frank Paul Mayernick
5129 NW 53rd Ave.
P.O. Box NOT acceptable
Gainesville, FL 32653

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SECRETARY OF STATE

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.

John J. Mousa
Signature of an officer or director

John J. Mousa (Treasurer)
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.

Rev Frank Paul Mayernick 1 sept 2019
Signature of Registered Agent Date

If signing on behalf of an entity:

Rev. Frank Paul Mayernick
Typed or Printed Name

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