

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nai	me)
(Doc	cument Number)	;
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500274571395

07/07/15--01011--005 **35.00

15 JUL - 7 PH 2: 05

JUL 10 2015

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

NOOS80

NOOS80

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:

Pamela M. Steiner

Name of Contact Person

First Presbyterian Church

Firm/Company

511 SE 3rd Street

Address

Ocala, FL 34471

City/State and Zip Code

psteiner@fpcocala.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela M. Steiner

Name of Contact Person

at (352) 629-7561

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this atement 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.	
The name of the corporation: First Presbyterian Church of Ocala, Inc.	
The principal office address: 511 SE 3rd Street Ocala, Florida 34471	
The mailing address (if different): same	
Date of incorporation/qualification: 12/23/1983 Document number: N00580	
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)	<u> </u>
Steddom, Mary B Deceased 6/14/2015	-
1701 C L Lt King Ct	- 12 - 12 - 12
Ocala, FL 34471	
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
R William Futch, P.A.	
610 S.E. 17th Street	
P.O. Box NOT acceptable Ocala, FL 34471	
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Thin L. Peterson, Treas Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this docyment is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Date	
signing on behalf of an entity:	
William Fifeh PA Typed or Printed Name	

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