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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: First Christian Church of Trinity
(Name of corporation)
DOCUMENT NUMBER:
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:
Patty Anderton
(Name of person)
(Name of firm/company)
12714 Tyler Run Ave
(Address)
Odessa,Florida 33556
(City/state and zip code)
For further information concerning this matter, please call:
Patty Anderton at (813) 792-8171
Patty Anderton at (813) 792-8171 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to th	e provisions of se	ctions 607.0502,	617.0502, 602	7.1508, or 617.1	1508, Flor	rida St	atutes	1,
E1 - 2	of change is submi		•		•		.	
of Florida.	in order to	cnange us regis.	terea office or	registered ager	it, or both	i, in the	e State	g
	f the corporation:_	First Christian Chri	uch of Trinity	TNC.				
2. The principa	al office address:	12714 Tyler Run A	ve					
		Odessa, Florida 3	3556	ċ				
3. The mailing	address (if differen	,						
4. Date of inco	rporation/qualifica		D					
	nd street address of artment of State:		tered agent and	l registered offic	e on file w	vith the	3	
	Richard D. Marti	n 	. <u> </u>			•		
	30826 US 19 No	orth						
	Palm Harbor, Fig	oridav 34684						
6. The name a changed):	Patty Anderton	of the new regist	tered agent (if	changed) and /	or registe	red off	fice (i	f
	12714 Tyler Run				. A .		J	,
	Odessa,Florida 3	(P.O. Box or personal r	nailbox NOT accept	able)		-		
	ress of its registere ged will be identic							
Such change wanthorized by	vas authorized by the board, or the c	resolution duly ac orporation has be	// -	.//	1	office	r so	
(Signature of an offic	er, chairman or vice chairm	nan of the board)	TATRICUA (PI	inted or typed name an	d title)		_	
I hereby accep I further agree performance o registered age office address,	of the appointment to comply with the of my duties, and I nt. Or, if this doct I hereby confirm	as registered age e provisions of a am familiar with ument is being fil that the corporat	ent and agree ll statutes rela and accept th ed merely to r ion has been r	to act in this cap tive to the prop e obligation of t eflect a change totified in writin	pacity. er and con ny positio in the reg ig of this c	nplete n as isterea change	₹ 2.	
Yatrie	ia Wode	dr.	May	28,2007		ASS_	ည	
If signing on beha	(Signature of Registered Ag alf of an entity:	şear, ş	. /	(Date)	;	AHAS AHAS	JUN .	
	(Typed or Printed Name)		* <u></u>	(Capacity)		SET CO	4	Unaccenter
	•	* * * FILING I	FEE: \$35.00 *		1	FLO FST	E	
		PAYABLE TO FLORIDA D			î		Ö Ö	