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R. WHITE

NOV 1 5 2013

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: East Lake United Methodist Church, Inc.
Name of Corporation
DOCUMENT NUMBER: NO1197
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:
Stephanie Hinton
Name of Contact Person
East Lake United Methodist Church
Firm/Company
2801 East Lake Road
Address
Palm Harbor, FL 34685-8819
City/State and Zip Code
shinton@eastlakeumc.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Hinton  Name of Contact Person  Area Code & Daytime Telephone Number
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

statement of cha	nge is submitted	for a corporation	organized unde	08, or 617.1508, Flor er the laws of the Sta et, or both, in the Sta	ute of Florida	
1. The name of t	_	-		odist Church,		
2. The principal		2801 East L	ake Road	Palm Harbor,	FL 34685-8819	
3. The mailing ac	ddress (if differen	nt):				_
4. Date of incorporation/qualification:			Document number: N01197			
5. The name and	street address of		ered agent and	registered office on		
	RESIGNED	) - Karen G	ambrell _			
	2801 East Lake Road					
	Palm Harb	or, FL 34685	-8819			
6. The name and (if changed):	street address of	the new registere	d agent (if chai	nged) and /or registe		
	Stephanie	Hinton			ZOIB NOV – SECRETAR TALLIAH	
	2801 East				ARY -	
	Palm Harb	р.о. во or, FL 34685	-8819		SEL PER STREET OF SELECTION OF	
The street address changed will	ss of its registere be identical.	ed office and the s	treet address o	of the business offic	e of its egistered agent,	
Such change was authorized by the	s authorized by r	esolution duly ad orporation has be	opted by its bo en notified in v	pard of directors or writing of the chang	by an officer so ge.	
200	of an officer or direc		ALF	Robinson, Pres		
I further agree to performance of t agent. Or, if this	the appointment to comply with th my duties, and I s document is be	e provisions of al am familiar with	l statutes relat and accept the o reflect a cha	o act in this capacit ive to the proper an obligation of my pe nge in the registere	ty. id complete osition as registered	
Augnan	strik Ju	<u>~</u>	10	). 30 - 201 <u>8</u>		
If signing on beh	ature of Registered Ag	ent		Date		
Ту	ped or Printed Name					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)